

ADDIS ABABA UNIVERSITY

FACULTY OF LIFE SCIENCE

DEPARTMENT OF SPORT SCIENCE

**CHALLENGES AND PROBLEMS OF ETHIOPIAN PARALYMPICS
ATHLETICS SPORT PARTICIPATION IN PARALYMPICS GAMES**

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July 2012

ADDIS ABABA ETHIOPIA

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**A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF
ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ART IN
SPORT SCIENCE.**

**ADDIS ABABA UNIVERSITY
SCHOOLS OF GRADUATE STUDIES**

July 2012

ADDIS ABABA

ACKNOWLEDGEMENT

I would first, and foremost, I like to thank God for keeping me life and being on my side in all my endeavors. Next, I would like to thank my advisor Dr, Tesfaye Asgedom, for relentless and confided advice he provided me throughout my research work. I would also like to sincerely thank my staff members; Dr. Ayalew Tilahun, Workantifu Wondaferaw and Zinash Biruk for their scholarly help to the work of my study.

My sincere gratitude also goes to athletics Paralympics national team athletes and their coaches for offering me with necessary information for the study. Special thanks go to Ethiopian Paralympics committee and federal sport commission for permitting me to conduct my study on Paralympics national team athletes.

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ACRONYMS

- ALA - Amputee and les autres
- CP - Cerebral palsy
- ID - Intellectual disability
- VI - Visually impaired
- WC - Wheelchair
- CP-ISRA - Cerebral Palsy International Sports and Recreation Association
- FEI - International Federation for Equestrian Sports
- IBSA - International Blind Sports Federation
- ICF - International Curling Federation
- IFDS - International Association for Disabled Sailing
- INAS-FID - International Sports Federation for Persons with an Intellectual Disability
- IPC - International Paralympics Committee
- ITF - International Tennis Federation
- IWAS - International Wheelchair and Amputee Sport Federation
- IWBF - International Wheelchair Basketball Federation
- WOVD - World Organization Volleyball for Disabled
- CISS - Committee International des Sport des Sourd
- WCH - Wheelchair hockey
- CECS- Coaches Education and Certification System
- EAF - Ethiopian Athletics Federation
- FDRE -Federal Democratic Republic of Ethiopia
- B IAAF-International Association of Athletics Federation
- EPC-Ethiopian Paralympics committee

ABSTRACT

The purpose of this study is to investigate the major challenges and problems of Ethiopian Paralympics athletics sport participation in Paralympics games, The method of the study was descriptive survey method. The subjects of this study were 8 disable athletes, 4 coaches, 3 administrative staff from federal sport commission, 2 technical staffs from Ethiopian Paralympics committee and 1 medical doctor from Ethiopian national team, The respective field selected by using purposive sampling method. As a method of data gathering tools, questionnaire, interview and document analysis were employed. To analyze the collected data both qualitative and quantitative methods such as descriptive statements and frequency counts, percentage, The data gathered through these instruments are analyzed using percentage and the interview made with federal and Paralympics technical officials, and the data from the federal office record analyzed and described in narrated way with the response of Athletes and Coaches. The result indicated that the only selection criteria to be Ethiopian Paralympics National team member is Ethiopian Paralympics Championship result, the challenges that affect the event also shortage of equipment and facilities, limitation of training place, event specific knowledge of the coaches on Paralympics athletics . Therefore, the researcher put the following possible recommendations: EPC should settle well organized criteria in order to recruit the disable National team athletics, fulfill facilities and equipments, well organized gymnasium, should up grade coaches IAAF coaching level through CECS in order to fill the gap of short distance runners coaches knowledge.

CHAPTER ONE

INTRODUCTION

1.1 BACK GROUND OF STUDY

The Paralympics sports comprise all the sports con tested in the summer and Winter Paralympics Games. As of 2010, the summer Paralympics include 20 sports and disciplines and about 420 events, and the Winter Paralympics include 5 sports and disciplines and about 64 events. The number and kinds of events may change from one parlaympiad to another.

The Paralympics Games are a major international multi-sport event for athletes with physical disabilities. This includes athletes with mobility disabilities, amputations, blindness, and Cerebral palsy. Paralympics sports refers to organized competitive sporting activities as part of the global Paralympics movement. The sports are organized and run under the supervision of the International Paralympics Committee and other international sports federations.

Organized sport for persons with physical disabilities developed out of rehabilitation programs. Following the Second World War,, in response to the needs of large numbers injured numbers injured ex-service members an civilians, sports was introduced as a key part of rehabilitation. Sport for rehabilitation grew into recreational sport and these into completeive sport. The pioneer of this approach was Ludwig Guttmann of the Stoke Mandeville Hospital in England. In 1984, while the Olympic Games were being held in London, England, he organized a spo9rts competition for wheelchair athletes at Stoke Mandeville. This was the origin of the Stoke Mandeville Games which evolved into the modern Paralympics Games.

Challenges and problems of Ethiopia People with a disability in developing countries face major barriers that limit their access to and participation in sport and physical activity. Within a development context, these barriers impact on both building activity path ways for people with disabilities and (ii) using sport and physical activity programmers to reach wider development goals

The World Health Organizations estimates that 650 million people live with disabilities of various types, and the number is increasing due to the rise of chronic diseases injuries care crashes falls violence and other causes such as ageing of this total, 80% live in low-income countries most are poor and have limited or no access to basic services including rehabilitation facilities

This raising incidence of disability, particularly in developing countries has the potential to place further burdens on governments and health carry systems sport can be a low-cost and health care systems sport can be a low-cost and effective means to foster positive health and well-being, social inclusion and community building for people with a disability.

Ethiopia's participation in the Paralympics Games has been sporadic. The country made its Paralympics at the 1968 Summer Games in Tel Aviv, sending two competitors who both competed in both athletics. Ethiopia was then absent from the Games for almost a decade, returning in 1976 with a one man delegation Abraham Habte. In 1980, Habte was again Ethiopia's only representative. Ethiopia then entered a prolonged period of absence, before sending a single runner (Kiros Tekle) to the 2004 Games. In 2008, the country entered a two-man delegation in athletics.

Ethiopia has never participated in the Winter Paralympics, and Ethiopia athletes have never won a Paralympics medal.

1.2 STATEMENT OF THE PROBLEM

Regarding participation of developing countries in international Paralympics sports there is a widening gap between developed and developing countries. This gap has been linked to a shortage of physical education and sport for all programmes a lack of financing sport facilities and little equipment to developed countries and no capacity to host major sporting events with the result that developing countries have fewer world-level sport performances than developed countries.

On an individual level, people with a disability may face a number of additional barriers to participation in sport compared with people without a disability.

The common barriers (problems)

- Lack of early experiences in sport (this varies between individuals and whether a disability is from birth or acquired later in life)
- Lack of understanding and awareness of how to include people with a disability in sport
- Limited opportunities and programmes for participation, training and competition
- Lack of accessible facilities, such as gymnasiums and buildings
- Limited accessible transportation
- Limiting psychological and sociological factors including attitudes towards disability of parents, coaches, teachers and even people with disabilities themselves
- Limited access to information and resources

1.3 RESEARCH QUESTION

- What are the factors/problems/ early experience in the participation of Paralympics games?
- What are the attitudes and beliefs of the society towards Paralympics athletics sport?

- What are the major barriers to give opportunities, and programmers for participating training, competition and classification
- What are the key problems to words accessible athletics sport facilities, and information,
- What are the roles of federal sport commission Ethiopian Olympic Committee and Ethiopian Paralytic Committee to wards Paralympics athletics sport?

1.4 OBJECTIVE OF THE STUDY

General Objective

- The objective of this study is to assess the challenges and problems of Ethiopian Paralympics athletics sport participation in Paralympics games

Specific Objective

- To identify the factors /problems/ challenges of early experience in the Participation of Paralympics games
- To evaluate the attitudes and beliefs of the society towards Paralympics athletics sport
- To investigate the major barriers of participating in Paralympics athletics sport
- To identify the key problems of facilities and equipment in athletics sport
- To find out together the roles of federal sport commission, Ethiopian Olympic committee and Ethiopian Paralympics committee
- To provide valuable information for the study

1.5 SIGNIFICANCE OF THE PROBLEM

The Paralympics athletics sport game for the disable people as to know the challenges and problems of the participation of Paralympics athletics sport games by this study survey to increase the awareness and understanding of the society of Ethiopia and also to help the disables by fulfilling the berrieries finally the findings give recommend from of the study can serve as starting point for other researchers to carry out for related study.

1.6 DELIMITATION OF THE STUDY

The study area limited to:-

- Eight disable athletes from Paralympics' national team
- Four coaches from Paralympics' national team
- Three administrative staffs from federal sport commission
- Two technical staffs from Ethiopian Paralympics committee
- One medical doctor from Ethiopian national team

Finally eighteen deferent participants from deferent sectors will be subjected of the study area

1.7 LIMITATION OF THE STUDY

- There may be un willingness of respondents to offer reliable answers to each questionnaire.
- Due to time and economy, constraints
- There may be lack of obtaining reliable and reasonable information from the concerned respondents due to biases or frustration

1.8 ORGANIZATION OF THE STUDY

The papers organized in to five chapters the first chapter is present the problem and its approach which mainly contains. Introduction, back ground of the study. Background of the study area statement of the problem, research questions. Objective of the study, Significance of the study, delimitation, organization and limitation of the study.

The second chapter will present about the review of related literature as which explains the challenges and problems of Ethiopian Paralympics athletics sport in Paralympics games

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 ORGANIZATION AND HISTORY OF PARALYMPICS

Organized sport for athletes with a disability is generally divided into three broad disability groups: the deaf, people with physical disabilities, and people with intellectual disabilities. Each group has a distinct history, organization, competition program, and approach to sport (www.disabled-world.com/disability).

Formal international competition in deaf sport began with the 1924 Paris *Silent Games*, organized by the Committee International des Sports des Sourds, CISS (The International Committee of Sports for the Deaf). These games evolved into the modern Deaflympics, governed by the CISS. The CISS maintains separate games for deaf athletes based on their numbers, their special communication needs on the sports field, and the social interaction that is a vital part of sports. (www.disabled-world.com/disability).

Organized sport for persons with physical disabilities developed out of rehabilitation programs. Following the Second World War, in response to the needs of large numbers of injured ex-service members and civilians, sport was introduced as a key part of rehabilitation. Sport for rehabilitation grew into recreational sport and then into competitive sport. The pioneer of this approach was Sir Ludwig Guttmann of the Stoke Mandeville Hospital in England. In 1948, while the Olympic Games were being held in London, he organized a sports competition for wheelchair athletes at Stoke Mandeville. This was the origin of the Stoke Mandeville Games, which evolved into the modern Paralympics Games. Currently, Paralympics sport is governed by the International Paralympics Committee, in conjunction with a wide range of other international sport organizations (www.disabled-world.com/disability).

Sport for persons with intellectual disabilities began to be organized in the 1960s through the Special Olympics movement. This grew out of a series of summer camps organized by Eunice Kennedy Shriver, beginning in 1962. In 1968 the first international Special Olympics were held, in Chicago. Today, Special Olympics provides training and competition in a variety of sports for persons with intellectual disabilities. (www.disabled-world.com/disability).

In 1986, the International Sports Federation for Persons with Intellectual Disability (INAS-FID) was formed to support elite competition for athletes with intellectual disabilities. This was established in contrast to the more participative, "sport for all" approach of Special Olympics. For a time, athletes with intellectual disabilities were included in the Paralympics Games. After a cheating scandal at the 2000 Summer Paralympics, where a number of athletes participating in intellectual disability events were revealed to not be disabled, INAS-FID athletes were banned from Paralympics competition, but the ban on intellectually disabled athletes has since been lifted (www.disabled-world.com/disability).

In 2006, the Extremity Games was formed for people with limb loss or limb difference to compete in extreme sports. The College Park Industries, a manufacturer of prosthetic feet, organized this event to give amputee athletes a venue to compete in this increasingly popular sports genre also referred to as action sports. This annual event held in the summer in Orlando, FL includes competitions in skateboarding, wakeboarding, rock climbing, mountain biking, surfing, Moto-x and kayaking. Various organizations, such as Paradox Sports, have arisen to help empower and inspire disabled people through equipping and welcoming them into the extreme sports community (www.disabled-world.com/disability).

In 2007, a group of San Diego, California-based athletes, coaches, volunteers, and parents split from Special Olympics Southern California to gain local control over disabled athletics programs. This group sports for Exceptional Athletes (S4EA) serves people with developmental disabilities within the age range of 5 years old through adults. By combining people with and without disabilities, S4EA hopes that participating athletes will interact and form lasting bonds of friendship through shared sports and recreational activities in S4EA's served communities. Although the organization's focus is primarily San Diego County (www.disabled-world.com/disability).

Since 1988, the International Olympic Committee have chosen to validate Disabled Sports (physical disabilities) and incorporate it as a part of the Games: the staging of the Paralympics Games immediately follows the Olympic Games. This scheduling helps to foster greater interest in disabled sports. As an investigation on the Swiss wheelchair website has shown, more and more International Sports Federations list disabled athletes as any other sportsmen or sportswomen. A wheelchair athlete competes in the running segment of the Ironman 70.3 triathlon held in Boise, Idaho in June 2011.

A wide range of sports have been adapted to be played by people with various disabilities, as well as several that are unique to disabled athletes. Within each movement, different sports are practiced at different levels; for example, not all sports in the Paralympics movement are part of the Paralympics Games. In addition, many sports are practiced by persons with a disability outside the formal sports movements.

People with a disability in developing countries face major barriers that limit their access to and participation in sport and physical activity. Within a development context, these barriers impact on both: (i) building activity pathways for people with disabilities and (ii) using sport and physical activity programmes to reach wider development goals.

The World Health Organization estimates that 650 million people live with disabilities of various types, and the number is increasing due to the rise of chronic diseases, injuries, car crashes, falls, violence and other causes such as ageing. Of this total, 80% live in low-income countries; most are poor and have limited or no access to basic services, including rehabilitation facilities. This rising incidence of disability, particularly in developing countries has the potential to place further burdens on governments and health care systems. Sport can be a low-cost and effective means to foster positive health and well-being, social inclusion and community building for people with disability.

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origin of the Stoke Mandeville Games, which evolved into the modern Paralympics Games.

Globally, the International Paralympics Committee is recognized as the leading organization, with direct governance of thirteen sports and responsibility over the Paralympics Games and other multi-sport, multi-disability events. Other international organizations, notably the International Wheelchair and Amputee Sports Federation (IWAS), the International Blind Sports Federation (IBSA), and the Cerebral Palsy International Sports and Recreation Association (CP-ISRA) govern some sports that are specific to certain disability groups. In addition, certain single-sport federations govern sports for athletes with a disability, either as part of an able-bodied sports federation such as the International Federation for Equestrian Sports (FEI), or as a disabled sports federation such as the International Wheelchair Basketball Federation.

At the national level, there are a wide range of organizations that take responsibility for Paralympics sport, including National Paralympics Committees, which are members of the IPC, and many others.

Back in 1948, Sir Ludwig Guttmann, a neurologist who was working with World War II veterans with spinal injuries at Stoke Mandeville Hospital in Aylesbury, began using sport as part of the rehabilitation programmes of his patients. He set up a competition with other hospitals to coincide with the London Olympics in that year.

Over the next decade Guttmann's care plan was adopted by other spinal injury units in Britain and competition grew. In 1960, the Olympics were held in Rome, and Guttmann brought 400 wheelchair athletes to the Olympic city to compete. The modern Parallel Olympics (or "Paralympics") were born.

Britain's first ever gold medal was won by Margaret Maughan that year in archery - the first sport to be included in Guttmann's treatment plans. In 1964,

the able-bodied athletes went to Tokyo for the Olympics and shortly afterward the Japanese capital also played host to the disabled athletes.

The games in Japan saw the introduction of wheelchair racing - although only in the normal day-to-day chairs rather than the space age machines used by the Paralympians of today. While the Olympics went to Mexico in 1968, the Paralympics were staged in Israel and four years later were held in Heidelberg while the Olympics were in Munich.

They saw more than 1,000 athletes from 44 countries participating and people with quadriplegic spinal injuries competed for the first time while visually impaired athletes took part in demonstration events. The visually impaired took a full part in medal events in Toronto in 1976. Their participation, along with debuts for amputee and mixed disabilities ("les autres"), athletes boosted the number of competitors to 1600. Specialized racing wheelchairs were used for the first time. Politics reared its ugly head in 1980 as the Soviet Union could not, or would not, agree to the Paralympics taking place and as a result 2,500 disabled athletes from 42 countries went to Arnhem in Holland to compete.

The Paralympics movement invited athletes with cerebral-palsy to compete for the first time. Four years later, Britain and the United States joined forces as hosts with events being held at Stoke Mandeville and New York. The Wheelchair Marathon race was added to the competition for the first time.

The 1980's ended on a high note for the Paralympics movement, with the 1988 games in Seoul. The Koreans decided that the games should be truly "parallel" and so they were staged on the same scale and lines as the Olympics. It saw an unprecedented level of co-operation between the organizing committees of the Olympics and Paralympics.

The 1992 Barcelona Paralympics took the Games one step further with 3,500 athletes from 82 countries competing in front packed stadia. Following the Barcelona Games, athletes with learning disabilities had their own Paralympics in Madrid. Unfortunately a lot of the good work of Barcelona was undone four years later in Atlanta.

The Paralympics Organizing Committee received little help from their Olympic counterparts and athletes complained about the facilities in the Olympic Village and about the city's transport system. The athletes competed in almost empty venues.

However, it was not all bad - Atlanta was the first Paralympics games to benefit from having world-wide sponsors, athletes with learning disabilities were integrated into the main program me, equestrian was added to the list of sports, with sailing and wheelchair rugby being included as demonstration events. Atlanta 1996 also saw a record number of participating nations and record number of world bests set.

And so to Sydney, the first city in the southern hemisphere to host the Paralympics. A staggering 132 countries took part with rugby and wheelchair basketball given full medal status, but the Games was not without some controversy.

Joy soon turned to shame when Spain's intellectually disabled basketball team were stripped of their medals after an investigation by the Spanish Paralympics Committee proved only two out of their 12 players suffered from a mental disability But this failed to taint the overall success of the Games, which enjoyed packed stadiums and unprecedented media coverage across the world - making it the best Paralympics ever (www.disabled-world.com/disability).

2.2 DEFINITION OF DISABILITIES

A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in ICF: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The classification also recognizes the role of physical and social environmental factors in affecting disability outcomes.

Types of Disabilities

Types of disabilities include various physical and mental impairments that can hamper or reduce a person's ability to carry out his day to day activities. These impairments can be termed as disability of the person to do his or her day to day activities.

These impairments can be termed as disability of the person to do his day to day activities as previously. "Disability" can be broken down into a number of broad sub-categories, which include the following:

Mobility and Physical Impairments

Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability.

Spinal Cord Disability:

Spinal cord injury (SCI) can sometimes lead to lifelong disabilities. This kind of injury mostly occurs due to severe accidents. The injury can be either complete or incomplete. In an incomplete injury, the message conveyed by the spinal cord is not completely lost. Whereas a complete injury results in a total dis-

functioning of the sensory organs. In some cases spinal cord disability can be a birth defect.

Head Injuries - Brain Disability

A disability in the brain occurs due to a brain injury. The magnitude of the brain injury can range from mild, moderate and severe. ABI is not a hereditary type defect but is the degeneration that occurs after birth.

The causes of such cases of injury are many and are mainly because of external forces applied to the body parts. TBI results in emotional dysfunctioning and behavioral disturbance.

Vision Disability

There are hundreds of thousands of people that suffer from minor to various serious vision disability or impairments. These injuries can also result into some serious problems or diseases like blindness and ocular trauma, to name a few. Some of the common vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft.

Hearing Disability

Hearing disabilities includes people that are completely or partially deaf, (Deaf is the politically correct term for a person with hearing impairment).

People who are partially deaf can often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life from several biologic causes, for example Meningitis can damage the auditory nerve or the cochlea.

Deaf people use sign language as a means of communication. Hundreds of sign languages are in use around the world. In linguistic terms, sign languages are as rich and complex as any oral language, despite the common misconception that they are not "real languages".

Cognitive or Learning Disabilities:-Cognitive Disabilities are kind of impairment present in people who are suffering from dyslexia and various other learning difficulties and includes speech disorders.

Psychological Disorders:-Affective Disorders: Disorders of mood or feeling states either short or long term. Mental Health Impairment is the term used to describe people who have experienced psychiatric problems or illness

Invisible Disabilities:-are disabilities that are not immediately apparent to others. It is estimated that 10% of people in the U.S. have a medical condition considered a type of invisible disability.

The Evolution of a Movement:-Historically, disabilities have often been cast in a negative light. An individual thus affected was seen as being a “patient” subject either to cure or to ongoing medical care. His condition is seen as disabling; the social reactions to it are justified, and the barriers unavoidable. This position is known as the medical model of disability. See the list of Definitions of The Models of Disability for further information.

Over the past 20 years, a competing view known as the social model of disability has come to the fore. In this model, disability is seen more as a social construction than a medical reality. An individual may be impaired by a condition that requires daily living adaptations, but the bulk of his problem - his disability - can be found in the attitudinal and physical barriers erected by society.

Both the medical and social models agree, to a point, that facilities and opportunities should be made as accessible as possible to individuals who require adaptations. Dismantling physical barriers, or setting up adaptations such as wheelchair ramps, is known as "fostering accessibility".

2.3 ETHIOPIA AT THE PARALYMPICS GAMES

Ethiopia's participation in the Paralympics Games has been sporadic. The country made its Paralympics debut at the 1968 Summer Games in Tel Aviv, sending two competitors who both competed in both athletics and table tennis. Ethiopia was then absent from the Games for almost a decade, returning in 1976 with a one man delegation Abraham Habte, who entered athletics, lawn bowls and table tennis. In 1980, Habte was again Ethiopia's only representative, this time competing only in lawn bowls. Ethiopia then entered a prolonged period of absence, before sending a single runner (Kiros Tekle) to the 2004 Games. In 2008, the country entered a two-man delegation in athletics.

Ethiopia has never participated in the Winter Paralympics, and Ethiopian athletes have never won a Paralympics medal.

2.4 ETHIOPIAN RIGHT TO PLAY IN DISABLED ATHLETES

Ethiopia is one of the poorest countries in the world, with a significant history of political upheaval, natural disaster, illness and economic crisis. Ranked 157 out of 169 countries on the United Nation's Human Development Index, the country faces many broad humanitarian and development challenges. Children and youth are disproportionately impacted by Ethiopia's low level of development. A number of fundamental children's rights are not met because of poverty, as illustrated by widespread malnutrition, high incidence of communicable disease and a large number of young living in situations of risk.

Right to Play has been working in Ethiopia since 2005, and its experience there indicates that children and youth living in the capital of Addis Ababa and its surrounding areas, face a variety of serious development challenges. In addition, there are a significant number of children and youth with a disability. These individuals are often marginalized in Ethiopian society, and are very rarely given the opportunity to partake in the workforce, school or sports

activities. And while the HIV and AIDS prevalence rate is not as high as in southern Africa, Ethiopia's HIV and AIDS pandemic has far from peaked. Factors contributing to the spread of HIV and AIDS in Ethiopia include the taboo nature of sexuality and reproductive health, gender-based violence, and the lack of a well-orchestrated national condom distribution and awareness strategy.

Right To Play's program, *Enhancing the Development of Children in Ethiopia through Sport and Play*, directly addresses these challenges through the implementation of sport and play programs as innovative and dynamic learning tools that emphasize holistic development. Right To Play's sport and play-based activities that promote the inclusion of girls and children living with disabilities, and work to improve health, build life skills and foster peace for children living in the targeted areas of Ethiopia.

Right To Play's program in Ethiopia seeks to improve the physical, social and emotional well-being of children and youth, and develop leadership and decision-making skills through regular sport and play activities. The program also creates an environment for sport that is conducive to participation by all of the country's most exposed demographics, including, girls and women, vulnerable children and youth, and persons with a disability. Right To Play also focuses on building the capacity of parents, local partners and schools to implement activities and integrate overarching Sport for Development and Peace values into their programming. The expected results will also include a reduction in violent behaviour and increased cooperation among children as well as an increase in healthy behaviour in relation to HIV and AIDS prevention.

In 2011, Right To Play plans to reach: 20,700 children and youth (48 per cent female); 414 coaches, leaders and teachers (48 per cent female); 41 schools; 10 youth centers

Partners: The Ethiopian Bureau of Finance and Economic Development Bureau of Youth and Sport; the Ministries of Agriculture and Rural Development, Disaster Management, and Food Security; the Akaki District and Dukem Town Education Offices; Emanuel Development Association (EDA); Family Guidance Association of Ethiopia (FGAE); GOAL Ethiopia; Organization for the Prevention, Rehabilitation and Integration of Female Street Children (ORFIS); Kirkos, Gulele and Addis Ketema Sub Cities; United Nations International Children's Fund (UNICEF); and Hope for Children.s the Life a Female Coach.

2.5 DEVELOPING LOCAL MARKETS THROUGH SPORT

Studies on a number of local sports events show that they have the capacity to attract large numbers of people, initially from the local and surrounding areas where sports events take place and progressively, from further away.

Local industries and a local sports sector may emerge should the events generate enough interest as to attract people willing to attend the event and purchase products and services associated with the event. At the local level, a 'virtuous cycle' can be created, in which sports-related services are provided, creating jobs and opportunities to upgrade skills and produce further services and products a positive 'spill-over' effect from local sports events.

A number of local races in Peru, such as the Inca Marathon, the Andes International Marathon and the Huancayo Race are reported to have created small local industries such as crafts industries for manufacturing shoes for the runners from the Mantaro valley (in the case of the Huancayo Race). Furthermore, sports tourists to these events can participate in other sports activities that make use of the Peruvian landscape and environment, such as skiing, rock-climbing, river-rafting and so on.

However, if local economic opportunities are to be made through sports tourism, local responses to building local economic development have proven to be most effective in creating lasting and sustainable opportunities for local

people. To begin, it has been suggested that local communities build their own skills, to be followed by developing skills that are specific and relevant to their community's social environment and local context. Local communities can then use their own capacities to organize the event, showcasing the community's abilities in progressively gaining recognition in the region and internationally.

2.5.1 SPORT AND ECONOMIC DEVELOPMENT

This topic includes a number of diverse issues relating to sport's role in economic development in developing countries

Four main areas that present the limitations and the potential of sport to contribute to economic development are discussed in dedicated sub-sections:

- Underdevelopment of sport and 'muscle drain' in developing countries
- Exploitation and child protection in sport
- Developing local markets through sport by means of hosting local sports events, producing low-cost and affordable sporting goods and through athletes' remittances
- Building skills for employment through sport

This topic also includes a selected number of project profiles, which provide illustrative examples of using sport to encourage economic development. Each sub section includes further recommended reading with links to online documents and further sources of information.

2.5.2 FUND RAISING IN SPORT

There has been criticism for not providing equal funding to Paralympics athletes as compared to Olympic athletes. An example of this criticism was a lawsuit filed by Paralympics athletes Tony Iniguez, Scot Hollonbeck and Jacob Heilveil of the United States, in 2003. They alleged that the United States Olympic Committee (USOC), which also include the USOC Paralympics

Division (the National Paralympic Committee), was under funding American Paralympic athletes. Iniguez cited the fact that the USOC made healthcare benefits available to a smaller percentage of Paralympians, the USOC provided smaller quarterly training stipends and paid smaller financial awards for medals won at a Paralympics. US Paralympians saw this as a disadvantage for the US Paralympic athletes, as nations such as Canada and Britain supported Paralympians and Olympians virtually equally. The USOC did not deny the discrepancy in funding and contended that this was due to the fact that it did not receive any government financial support. As a result it had to rely on revenue generated by the media exposure of its athletes. Olympic athletic success resulted in greater exposure for the USOC than Paralympic athletic achievements. The case was heard by lower courts, who ruled that the USOC has the right to allocate its finances to athletes at different rates. The case was appealed to the Supreme Court, where on September 6, 2008 it announced that it would not hear the appeal. However, during the time the lawsuit lasted (from 2003 to 2008), the funding from the USOC had nearly tripled. In 2008 \$11.4 million was earmarked for Paralympic athletes, up from \$3 million in 2004.

According to the International Working Group on Sport for Development and Peace, sport is seen to have the most benefits in:

- Individual development
- Health promotion and disease prevention
- Promotion of gender equality
- Social integration and the development of social capital
- Peace building and conflict prevention/resolution
- Post-disaster/trauma relief and normalization of life
- Economic development
- Communication and social mobilization.

Sport has been linked to the Millennium Development Goals but it has been widely recognized that sport alone will not be able to achieve all eight goals. In the past, sport has been most commonly linked to: eradication of poverty and extreme hunger; achieving universal primary education; responding to the psychosocial needs of victims of disasters and emergencies; promoting gender equality and empowering women; and combating HIV/AIDS, malaria and other diseases. In the area of Sport & Development, 'sport' is generally understood to include physical activities that go beyond competitive sports.

“Incorporated into the definition of 'sport' are all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include: play; recreation; organized, casual or competitive sport; and indigenous sports or games.”

2.6 DISABILITY SPORT AND GENDER

In all areas of disability, women have a right to participation and this includes as athletes, coaches, officials, managers, sport scientists, administrators and leaders. More than two-thirds of the world's women live in developing countries, but the overall participation rates for sport are minimal.

Women in developing countries experience additional barriers to sport participation and these have been linked to issues such as the male dominated world of sport, class, culture, body image and dress in addition to religious, traditional and cultural beliefs regarding the role of women.

Women with disabilities have 'double discrimination' in disability sport – being disabled and being a woman. There are statistically less women with disabilities across the spectrum than men and women are less prone to taking up sport. In 2005, it was estimated that women make up only about one-third

of athletes with disabilities in international competitions. Further research is required in specific countries and regions to identify the issues and obstacles that women are facing.

Women with disabilities face double discrimination--discrimination based on gender and discrimination based disability. Women of color who are disabled face yet a third type of discrimination...The limited available statistics suggest that economically, socially, and psychologically, women with disabilities fare considerably worse than either women who are non disabled or men who are disabled. (Women and Disability Awareness Project, 1989).

Throughout history, disability has been closely linked with poverty, poor nutrition, in adequate health care, lack of opportunity for exercise and socialization, and stress. Women have been specifically associated with nervous disorders, depression, and mental illness. Basically, anything emotionally debilitating has been assigned to the female.

Getting interested and involved in sports is difficult for women and girls with disabilities because of the limited exposure they get to sports, especially when they are young. Those who become disabled during their adult life, by things like accident or illness, are many times already involved in athletics. When that is the case, they are highly likely to remain active in sports.

Disabled athletes often need to feel empowered in order to get involved in athletics. Non disabled people learn sports primarily through their families when they are children. Athletes with disabilities, however, often attribute their participation and success to self-motivation and friends. Women athletes who become disabled later in life already have a support system of teachers, coaches, friends, and partners who still encourage them. Disabled athletes with encouraging, supportive parents are often leaders in their sport and community. They believe their success in leadership is a result of good parenting.

Many athletes with disabilities of all kinds agree that sports are an important way to affirm their competence and worth. Sports sway the focus from people's disabilities and place attention on their abilities. Through sports, a person's skill and expertise is valued and significant.

Approximately 43 million people in the United States have documented disabilities. This figure includes almost 10% of all children, 30% of young and middle-aged adults, and about half of the population older than 65.

The United States has eight major sport organizations for the disabled. They are modeled after the U.S. Olympic Committee (USOC), which is for non disabled athletes. The organizations and their founding dates are as follows: American Athletic Association for the Deaf, 1945; National Wheelchair Athletic Association, 1956; National Handicapped Sports, 1967; Special Olympics International, 1968; U.S. Association for Blind Athletes, 1976; U.S. Cerebral Palsy Athletic Association, 1978; Dwarf Athletic Association of America, 1986; U.S. Les Autres Association, 1986.

Since 1988 disabled athletes, except for the deaf and mentally retarded, have been required by international policy to compete at the same time and place.

A 1991 Harris poll revealed that non disabled Americans have trouble relating to those with disabilities. The poll broke down explicitly how the non disabled felt toward the disabled:

91% - admiration, people with disabilities overcome so many barriers

74% - pity, because of their situation

58% - awkwardness or embarrassment, due to lack of knowledge about how to behave

51% - lack of concern, belief that disabled persons can manage okay

47% - fear, possibility that similar disabilities can happen to oneself

18% - anger, disabled people cause inconvenience

9% - resentment, disabled people get special privileges

30% of non disabled people surveyed would be concerned if a coworker was disabled and 23% would be concerned about having a disabled supervisor.

Physical disabilities, except for arthritis and osteoporosis, are more common in males. This helps to explain why women have limited access to sports such as wheelchair basketball, tennis, and track.

2.7 DISABILITIES IN THE SCHOOL SPORTS

Disabled females involved in college athletics are rarely honored or given much attention on their campus. Exceptions do exist on a few college campuses around the country. The University of Illinois at Champaign and Wright State University in Ohio both sponsor women's wheelchair basketball teams.

Texas Woman's University has awarded one its highest honors to a disabled female athlete in the past. The coveted alumnae award was given to Sue Moucha, a Paralympic gold medalist. It was presented with the same recognition and importance to Moucha as it had been years earlier to Olympic gold medalist Louise Ritter. The university did not divide their athletes into two separate categories: non disabled and disabled. Instead, an athlete with cerebral palsy and an able-bodied athlete were bestowed with the same honor.

In 1992 at Slippery Rock University of Pennsylvania, Roberta Abney and Dorothy Richey established the precedent of equal coverage for ethnic minorities and disabled athletes when describing opportunities for minority women in sport. Their criteria posed four questions: How do people with disabilities see themselves? What disabilities are women most likely to have? Does gender bias enter into diagnosis? How do life experiences of women with disabilities face double and triple discrimination?

Three international events follow the non disabled Olympic model of competitive sport. They are Special Olympics, Paralympics, and Deaf Sport and they each do a great deal to contribute to the awareness of women athletes with disabilities.

The first Special Olympics took place on July 20, 1968 at Soldier Field in Chicago, Illinois. This international movement began in order to show that people with mental retardation were capable of remarkable achievement in sports and beyond. In 1991 the Special Olympics brought in 6,000 athletes from 100 countries creating the largest sporting event in the world. To honor the 30th anniversary of the games, on July 20, 1998, Special Olympics launched a world-wide celebration that will culminate in July of 1999. The theme of the event is to honor the athletes, families, and volunteers that have been significant in changing the perceptions about mental retardation.

The International Paralympics Committee was officially founded in 1989. However, Olympic-type games for athletes with disabilities were organized as early as 1960 in Rome. These games revolved around the physically disabled only, especially those with spinal cord injuries. In 1976, games in Toronto began including other disabled athletes like the blind and amputees. Now, that the Paralympics has been officially recognized, it holds its games in the same year and country as the Olympics.

Sport clubs for the deaf have been in existence since 1888. The deaf have never been involved in games that include other disabilities and still organize their own world games, the Silent Games. Deaf Sport is another type of international games that are held the year following the Olympics. People who participate in Deaf Sport have a hearing loss of 55 decibels or greater. They see themselves as separate, culturally and linguistically, from the disabled community. Most athletes use sign language at their games, and press coverage of their events are gradually growing.

While the Olympic Games have experienced tremendous growth in global media coverage since the 1984 Summer Olympics, the Paralympics have been unable to maintain a consistent international media presence.

Television broadcasts of Paralympics Games began in 1976, but this early coverage was confined to taped-delay releases to one nation or region. At the 1992 Summer Paralympics there was 45 hours of live coverage but it was available only in Europe. Other countries broadcasted highlight packages during the Games. No meaningful improvements in coverage occurred until the 2000 Summer Paralympics in Sydney.

The 2000 Paralympics represented a significant increase in global media exposure for the Paralympics Games. A deal was reached between the Sydney Paralympics Organizing Committee (SPOC) and All Media Sports (AMS) to broadcast the Games internationally. Deals were reached with Asian, South American, and European broadcast companies to distribute coverage to as many markets as possible. The Games were also web cast for the first time. Because of these efforts the Sydney Paralympics reached a global audience estimated at 300 million people. Also significant was the fact that the organizers did not have to pay networks to televise the Games as had been done at the 1992 and 1996 Games. Despite these advances consistent media attention has been a challenge, which was evidenced in the coverage in Great Britain of the 2010 Winter Paralympics.

The British Broadcasting Corporation (BBC) was criticized for its minimal coverage of the 2010 Winter Paralympics as compared to its coverage of the 2010 Winter Olympics. The BBC announced it would stream some content on its website and show a one-hour highlight program after the Games ended. For the Winter Olympics the BBC aired 160 hours of coverage. The response from the BBC was that budget constraints and the "time zone factor" necessitated a limited broadcast schedule. The reduction in coverage was done in spite of increased ratings for the 2008 Summer Paralympics, which was watched by

23% of the population of Great Britain. In Norway, the Norwegian Broadcasting Corporation (NRK) broadcast 30 hours of the 2010 Winter Games live. NRK-sport were critical to parts of the TV production from Vancouver, an issue they notified to the EBU. Issues such as showing biathlon without showing the shooting, and in cross-country skiing with skiers in the distance, making it hard to follow the progress of the competition. NRK were far more pleased with the production of the ice sledge hockey and wheelchair curling events, which they felt reached the same level as the Olympic Games.

2.8 DISABILITY SPORTS

While sport has value in everyone's life, it is even more important in the life of a person with a disability. This is because of the rehabilitative influence sport can have not only on the physical body but also on rehabilitating people with a disability into society. Furthermore, sport teaches independence. Nowadays, people with a disability participate in high performance as well as in competitive and recreational sport.

The number of people with disabilities involved in sport and physical recreation is steadily increasing around the world with organized sports for athletes with disabilities divided into three main disability groups, sports for the deaf, sports for persons with physical disabilities, and sports for persons with intellectual disabilities.

From the late 1980s, organizations began to include athletes with disabilities in sporting events such as the Olympic Games and Commonwealth Games. However, many sports are practiced by persons with a disability outside the formal sports movements, for example: Wheelchair basketball, Wheelchair dancing, Weightlifting, Swimming, and many other sporting activities you can join if you are mentally or physical disable.

2.8.1 MAJOR DISABILITY SPORTING EVENTS

Paralympics Games: A multi-sport event for athletes with physical, mental and sensorial disabilities. This includes mobility disabilities, amputees, visual disabilities and those with cerebral palsy. The Paralympics Games are held every four years, following the Olympic Games, and are governed by the International Paralympics Committee.

Deaflympics : The summer and Winter Deaflympics are among the world's fastest growing sports events.

Special Olympics: The global Special Olympics movement got its start on 20 July 1968, when the First International Special Olympics Games were held at Soldier Field, Chicago, Illinois, USA. But the concept of Special Olympics was born much earlier, when Eunice Kennedy Shriver started a day camp for people with intellectual disabilities at her home in 1962.

Disability Commonwealth Games: For the first time in the Games history a number of Para-Sports were included in a fully inclusive Sports Program in Manchester 2002 when 20 countries sent both male and female elite athletes with a disability to compete in 10 events across 5 different Para-Sports; Athletics, Lawn Bowls, Swimming, Table Tennis and Weightlifting. “The Commonwealth has always said it wants to play a lead role in social issues,” says Stead ward, who is president of the International Paralympics Committee. “What better way than by becoming the first major sports competition to integrate athletes with disabilities?”

Disabled sports also adaptive sports, are sports played by persons with a disability, including physical and intellectual disabilities. As many of these based on existing sports modified to meet the needs of persons with a disability, they are sometimes referred to as *adapted sports*. However, not all disabled sports are adapted; several sports that have been specifically created for

persons with a disability have no equivalent in able-bodied sports. Disability exists in four categories: physical, mental, permanent and temporary.

2.8.2 CATEGORIES OF DISABILITY SPORTS

Athletes who participate in Paralympics sport are grouped into six major categories, based on their type of disability:

Amputee: Persons with a partial or total amputation of at least one limb.

Cerebral palsy: Persons who have a non-progressive neurological disorder resulting from cerebral palsy, traumatic brain injury, or stroke, or similar disabilities affecting muscle control, balance or coordination.

Intellectual disability: Persons who have a significant impairment in intellectual functioning with associated limitations in adaptive behavior.

Lesautres: From the French for *the others*, this includes persons with mobility impairment or other loss of physical function that does not fall strictly into one of the other five categories. Participants include those with dwarfism, multiple sclerosis or other disabilities.

Visually impaired: -Persons who have a non-correctable vision impairment ranging from partially sighted to total blindness.

Wheelchair: -Persons with a disability that requires them to compete using a wheelchair. This includes most athletes with spinal cord injuries as well as other athletes who require wheelchairs, including some lower limb amputees, persons with polio, and other disabilities. The disability category determines who athletes compete against and which sports they participate in. Some sports are open to multiple disability categories (e.g. cycling), while others are restricted to only one (e.g. Five-a-side football). In some sports

athletes from multiple categories compete, but only within their category (e.g. athletics).

2.8.3 CLASSIFICATION OF DISABLE ATHLETICS SPORT

A major component of Paralympics sport is classification. Classification provides a structure for competition which allows athletes to compete against others with similar disabilities or similar levels of physical function. It is similar in aim to the weight classes or age categories used in some able-bodied sports.

Athletes are classified through a variety of processes that depend on their disability group and the sport they are participating in. Evaluation may include a physical or medical examination, a technical evaluation of how the athlete performs certain sport-related physical functions, and observation in and out of competition. Each sport has its own specific classification system which forms part of the rules of the sport.

The categories listed represent all those groups that participate in this sport at some level. Not all these categories are represented in competition at the Paralympics Games.

The governing bodies listed represent those organizations responsible for the broadest level of participation. In some cases, other disability-specific organizations will also have some governance of athletes in that sport within their own group. For example, the IPC governs multi-disability athletics competitions such as the Paralympics Games; however, CP-ISRA, IBSA, and IWAS provide single-disability events in athletics for athletes with cerebral palsy, visually impaired athletes, and wheelchair and amputee athletes respectively.

Paralympics Games status details the years these sports were practiced as full medal events at the Paralympics Games.

2.9 INTERNATIONAL BLIND SPORTS ASSOCIATION (IBSA)

CLASSES

B1 -- An athlete in this class will either have no light perception at all in either eye or may have some light perception but an inability to recognize the shape of a hand at any distance or in any direction.

B2 -- The athlete can recognize the shape of a hand and has the ability to perceive clearly up to *2/60. The visual field of the athlete is less than five degrees.

*2/60: A person can see at two meters what is normally seen at 60 meters. B3 the athlete can recognize the shape of a hand and the ability to perceive clearly above 2/60 up to 6/60. The visual field of the athlete varies between more than 5 degrees and less than 20 degrees.

Cerebral Palsy International Sport and Recreation Association (CP-ISRA) CP1, CP2, CP3, and CP4 are classes of athletes with cerebral palsy who use a wheelchair during competition (excluding swimming).

CP5, CP6, CP7, and CP8 are athletes with cerebral palsy who do not use a wheelchair during competition.

CP1 -- Athletes with poor functional range of movement and poor functional strength in arms, legs, and trunk. The athletes use electric wheelchairs or assistance for mobility. They are unable to propel a wheelchair. The athletes compete in a wheelchair.

CP2 -- Athletes with poor functional strength in arms, legs, and trunk. The athletes are able to propel a wheelchair. The athletes compete in a wheelchair.

CP3 -- The athletes show fair amount of trunk movement when pushing a wheelchair, but forward trunk movement is often limited during forceful

pushing. Although showing some trunk movement while throwing, motions are mostly from the arm. The athletes compete in a wheelchair.

CP4 -- The athletes show good functional strength with minimal limitations or control problems in arms and trunk. The athletes show poor balance. The athletes compete in wheelchairs.

CP5 -- The athletes have normal static balance, but show problems in dynamic balance. A slight shift of center of gravity may lead to loss of balance. The athletes may need an assistance device for walking, but not necessarily when standing or throwing (in athletics field events). The athletes may have sufficient function to run on the track.

CP6 -- The athletes do not have the capability to remain still: They show involuntary cyclic movements and usually all four limbs are affected. The athletes are able to walk without any assistance. They usually have more control problems with the arms and they have better leg functions than CP5, especially when running.

CP7 -- The athletes have uncontrollable muscular spasms in one half of the body. They have good functional abilities in the dominant side of the body. They walk without assistance but often with a limp due to uncontrollable muscular spasms in the leg. While running, the limp may disappear almost totally. Their dominant side has better development and good follow-through movement in walking and running. Arm and hand control is affected only on the non dominant side; good functional control is shown on the dominant side.

CP8 -- The athletes show a minimum of uncontrollable spasm in either one arm, one leg, or one half of the body. To be eligible, these athletes need to have a diagnosis of cerebral palsy or other non progressive brain damage.

International Sports Federation for Persons with Intellectual Disability (INAS-FID)

To become eligible to compete in the Paralympics Games, all athletes with an intellectual disability have to reach the minimum disability criteria, which, in accordance with the World Health Organization (WHO) definition, are determined by:

An IQ score below 70. (The IQ score of the average person is 100.)
Limitations in regular skills areas (communication, self-care, social skills, etc.).
Onset before the age of 18.

Following is a list of the 18 medal sports with their classifications and a brief explanation of the physical function of each class. The classifications reflect the functional ability a particular athlete is expected to have. (Wheelchair basketball and intellectual disability basketball together are one medal sport; similarly, sitting volleyball and standing volleyball.)

ATHLETICS (TRACK AND FIELD)

In athletics, competitors from all six disability categories compete: visually impaired; intellectually disabled; cerebral palsy; amputees; les autres; and spinal cord injury athletes competing in wheelchairs.

Therefore, the class nomenclature is structured accordingly:

Classes 11-13 cover the different levels of vision impairment.

Class 20 covers intellectually disabled athletes.

Classes 32-38 cover the different levels of cerebral palsy.

Classes 42-46 cover the different levels of amputations and other disabilities (les autres).

Classes 51-58 cover the different levels of spinal chord injuries.

The letter "T" marks track events; the letter "F" stands for field events. The lower the class number, the higher the level of disability; the higher the class number, the lower the level of disability.

TRACK CLASSES

T11 -- B1 athletes.

T12 -- B2 athletes.

T13 -- B3 athletes.

T20 -- Athletes with an intellectual disability.

T32 -- CP2 athletes. There are no events in class T32. The athletes compete together with athletes in class T33.

T33 -- CP3 athletes. T32 athletes (CP2) compete in this class.

T34 -- CP4 athletes.

T35 -- CP5 athletes.

T36 -- CP6 athletes.

T37 -- CP7 athletes.

T38 -- CP8 athletes.

T42 -- Single above-knee amputation or combined arm/leg amputations.

T43 -- Double below-knee amputation or combined arm/leg amputations.

T44 -- Single below-knee amputation or athletes who can walk with moderately reduced function in one or both legs.

T45 -- Double above-elbow amputations or double below-elbow amputations.

T46 -- Single above-elbow amputation, single below-elbow amputation, or athletes who have normal function in both legs but impairment in the trunk and/or arms.

T51 -- Mild weakness in shoulders. Can bend elbows normally but have limited ability to straighten. Can bend wrists backward but not forward. No movement in fingers. No trunk or leg function.

T52 -- Have good shoulder, elbow and wrist function. Have limited finger movements. No trunk or leg function.

T53 -- Have normal arm and hand function. Have no or limited trunk function. Have no leg function.

T54 -- Have normal arm and hand function. Have a range of trunk function from some to normal. May have some leg function.

FIELD CLASSES

F11 -- B1

F12 -- B2

F13 -- B3

F20 -- Athletes with an intellectual disability.

F33 -- CP3

F35 -- CP5

F37 -- CP7

F38 -- CP8

F42 -- Includes single above-knee amputation, double above-knee amputations, and athletes with combined arm/leg amputations. It may also include athletes with severe problems when walking, such as impairments in one leg from polio.

F43 -- Double below-knee amputations or athletes with combined leg/arm amputations. Athletes may also have normal function in the throwing arm in association with reduced function in the legs or certain balance problems.

F44 -- Single below-knee amputation. Athletes with normal function in the throwing arm and slightly reduced function in the legs or slight balance problems.

F45 -- Double above-elbow amputations and double below-elbow amputations.

F46 -- Single above-elbow amputation and single below-elbow amputation.

Athletes may also be ambulatory with normal function in the throwing arm and minimal trunk or leg disability or reduced function in the non throwing arm.

F51 -- Mild weakness in shoulders. Can bend elbows normally, but have limited ability to straighten. Can bend the wrists backward but not forward. No movement in fingers. No trunk or leg function. Athletes from CP2 compete in this class.

F52 -- Shoulders and elbows are normal. Usually have good wrist function but limited finger movement. No trunk or leg function.

F53 -- Have normal shoulders, elbows, and wrists, with mild limitation of hand function. No trunk or leg function.

F54 -- Have normal arm and hand function. Have no trunk or leg function.

F55 -- Have normal arm and hand function. In relation to the trunk, can extend the spine in an upward direction and can rotate the spine. No leg function.

F56 -- Have normal arm and hand function. Can extend the trunk upward, can rotate, and can move backward and forward in a sitting position. Have some leg function.

F57 -- Have normal arm and hand function. Can move the trunk in an upward direction, can rotate, can move backward and forward, and can move side to side. Have an increase in leg function in comparison with F56.

F58 -- Have normal arm and hand function. Have normal trunk function. Have more leg function than F57.

2.10 DISABLE COMPETITIVE SPORT

Opportunities for athletes with a disability range from sport and disability specific world championships, regional multi-sport tournaments such as the Para pan American Games, selected events for athletes with a disability in Olympic and Commonwealth Games and some athletes with a disability also compete in mainstream competitions against able-bodied athletes. There are now more than 17 international games for athletes with disabilities.

2.11 SPECIAL OLYMPICS, PARALYMPIC GAMES AND DEAFLYMPICS

The three largest international disability sport competitions are the Special Olympics, Paralympics Games and Deaflympics. Special Olympics provide year-round training and competition opportunities for people with intellectual disabilities at all levels. The Paralympics Games provide international competition for six different disability groups including amputee, cerebral palsy, visual impairment, spinal cord injuries, intellectual disability and les autres (those that do not fit into the other groups). The Deaflympics provide competition for athletes who are deaf or hard of hearing.

The Paralympics Games cater for elite athletes with intellectual disabilities while Special Olympics offer sporting opportunities to all persons with intellectual disabilities from elite to those with severe and profound challenges. Since 2001 athletes with an intellectual disability have been unable to participate in the Paralympics Games. This is due to the suspension of their representative body, the International Sports Federation for Persons with Intellectual Disability (INAS-FID), from the International Paralympics Committee while the classification system is reviewed.

2.12 PARTICIPATION FROM DEVELOPING COUNTRIES

Recent research conducted in 2007 highlights the lack of participation from developing countries in international disability sport competition. In total, 23% of developing countries have not participated in Deaflympic, Paralympic or Special Olympics World Games competition. Oceania is the region with the least participation historically, followed by Africa and Asia. Participation in winter games from developing countries is very low, whilst the participation of women in winter sport is even lower and declining with time.

At the grassroots level, programme development from key organizations, such as Handicap International, have enabled thousands of people with a disability in developing countries to become active in sport and physical activity.

2.13 THE ROLE OF SPORT FOR DISABILITIES

Sport can have a positive impact on the lives of people with disabilities but many face challenges to getting involved in sport, especially in developing countries. Sport can play a key role in the lives and communities of people with disabilities, the same as it can for people without a disability.

There is a wealth of evidence to support participation in sport and physical activity for people with a disability concerning trends, barriers and benefits of participation. Over the past three decades, numerous studies have revealed

that physical activity and sport participation result in improved functional status and quality of life among people with selected disabilities.

2.14 MAJOR BARRIERS TO PARTICIPATION

On an individual level, people with a disability may face a number of additional barriers to participation in sport compared with people without a disability.

Some common barriers include:

- Lack of early experiences in sport (this varies between individuals and whether a disability is from birth or acquired later in life)
- Lack of understanding and awareness of how to include people with a disability in sport
- Limited opportunities and programmes for participation, training and competition
- Lack of accessible facilities, such as gymnasiums and buildings
- Limited accessible transportation
- Limiting psychological and sociological factors including attitudes towards disability of parents, coaches, teachers and even people with disabilities themselves
- Limited access to information and resources

2.15 BARRIERS TO PARTICIPATION IN DEVELOPING COUNTRIES

Regarding participation of developing countries in international sports there is a widening gap between developed and developing countries. This gap has been linked to a shortage of physical education and sport for all programmes, a lack of financing for sport, few sport facilities and little equipment, a ‘muscle drain’ to developed countries, and no capacity to host major sporting events with the result that developing countries have fewer world-level sport performances than developed countries. Limited access to sport services, sports information and the issue of doping are becoming increasingly problematic. Developing

countries also face a range of social and cultural barriers that impact on sport participation including: religion, culture, language, and the lingering influence of colonialism in many parts of the world.

2.16 BREAKING THE BARRIERS TO PARTICIPATION

Listed together these barriers may appear insurmountable but it is important to recognize that not every person will experience all of these barriers. In the interest of facilitating active participation from people with a disability in developing countries, the potential impact of these barriers should be taken into consideration.

There is limited research that explores the specific barriers to participation in sport for people with a disability in developing countries. Much more evidence is needed along with financial support to ensure that people with a disability have both the opportunity and the choice to participate in sport regardless of which country they live in

2.17 IMPROVEMENTS IN PHYSICAL AND MENTAL WELL-BEING

Scientific research has been conducted across disability groups that reveal participation in sport and physical activity leads to improved levels of physical health and well-being.

Sport and physical activity has also been shown to improve physical fitness and general mood in psychiatric patients with depressive and anxiety disorders. Additionally, sport and physical activity has been linked to improvements in self-confidence, social awareness and self-esteem and can contribute to empowerment of people with disabilities.

2.18 INTERNATIONAL PARALYMPIC COMMITTEE

The first organization dedicated to advancement of athletic opportunities for people with a disability was the International Sports Organization for the

Disabled (ISOD), founded in 1964. The founders of this organization intended it to be a governing body to disability sports what the IOC was to the Olympic Games. This committee eventually became the International Coordinating Committee of World Sports Organizations for the Disabled (ICC), which was established in 1982. The ICC was tasked with advocating for the rights of athletes with a disability in front of the IOC. After the success of the cooperative effort between the ICC and the IOC, which resulted in the 1988 Summer Paralympics in Seoul, the ICC determined the need to expand and include representatives from all nations that had disability sports programs. They also deemed it necessary to include athletes in the decisions of the Paralympics governing body. Consequently this body was reorganized as the International Paralympics Committee (IPC) in 1989.

The IPC is the global governing body of the Paralympics Movement. It comprises 165 National Paralympics Committees (NPC) and four disability-specific international sports federations. The president of the IPC is Philip Craven, a former Paralympian from Great Britain. In his capacity as head of the IPC, Craven is also a member of the International Olympic Committee. The IPC's international headquarters are in Bonn, Germany. The IPC is responsible for organizing the summer and Winter Paralympics Games. It also serves as the International Federation for nine sports. This requires the IPC to supervise and coordinate the World Championships and other competitions for each of the nine sports it regulates. Subsumed under the authority of the IPC are a large number of national and international sporting organizations and federations. The IPC also recognizes media partners, certifies officials, judges, and is responsible for enforcing the bylaws of the Paralympics Charter.

The IPC has a cooperative relationship with the International Olympic Committee (IOC). Delegates of the IPC are also members of the IOC and participate on IOC committees and commissions. The two governing bodies remain distinct, with separate Games, despite the close working relationship.

The source of the term "Paralympics" is unclear. The name was originally coined as a portmanteau combining "paraplegic" and "Olympic". The inclusion of other disability groups rendered this explanation inappropriate. The present formal explanation for the name is that it derives from the Greek preposition παρά, *pará* ("beside" or "alongside") and thus refers to a competition held in parallel with the Olympic Games. The Summer Games of 1988 held in Seoul was the first time the term "Paralympics" came into official use.

“Spirit in Motion” is the motto for the Paralympics’ movement. The symbol for the Paralympics contains three colors, red, blue, and green, which are the colors most widely represented in the flags of nations. The colors are each in the shape of an *Agito* (which is Latin for "I move"). The three Agitos circle a central point, which is a symbol for the athletes congregating from all points of the globe. The motto and symbol of the IPC were changed in 2003 to their current versions. The change was intended to convey the idea that Paralympians have a spirit of competition and that the IPC as an organization realizes it’s potential and is moving forward to achieve it. The vision of the IPC is, "To enable Paralympic athletes to achieve sporting excellence and to inspire and excite the world." The Paralympic anthem is "Hymn de l'Avenir" or "Anthem of the Future". It was composed by Thierry Darnis and adopted as the official anthem in March 1996.

As mandated by the Paralympics Charter, various elements frame the opening ceremony of the Paralympics Games. Most of these rituals were established at the 1920 Summer Olympics in Antwerp. The ceremony typically starts with the hoisting of the host country's flag and a performance of its national anthem. The host nation then presents artistic displays of music, singing, dance, and theater representative of its culture.

After the artistic portion of the ceremony, the athletes parade into the stadium grouped by nation. Nations enter the stadium alphabetically according to the host country's chosen language, with the host country's athletes being the last

to enter. Speeches are given, formally opening the games. Finally, the Paralympic torch is brought into the stadium and passed on until it reaches the final torch carrier often a Paralympic athlete from the host nation who lights the Paralympic flame in the stadium's cauldron.

The closing ceremony of the Paralympic Games takes place after all sporting events have concluded. Flag-bearers from each participating country enter, followed by the athletes who enter together, without any national distinction. The Paralympic flag is taken down. The national flag of the country hosting the next Summer or Winter Paralympics' Games is hoisted while the corresponding national anthem is played. The games are officially closed, and the Paralympic flame is extinguished. After these compulsory elements, the next host nation briefly introduces itself with artistic displays of dance and theater representative of its culture.

A medal ceremony is held after each Paralympics' event is concluded. The winner, second and third-place competitors or teams stand on top of a three-tiered rostrum to be awarded their respective medals. After the medals are given out by an IPC member, the national flags of the three medalists are raised while the national anthem of the gold medalist's country plays. Volunteering citizens of the host country also act as hosts during the medal ceremonies, as they aid the officials who present the medals and act as flag-bearers. For every Paralympic event, the respective medal ceremony is held, at most, one day after the event's final.

2.19 EQUALITY RELATIONSHIP WITH THE OLYMPICS

In 2001 the International Olympic Committee (IOC) and the International Paralympics' Committee (IPC) signed an agreement which guaranteed that host cities would be contracted to manage both the Olympic and Paralympics' Games. This agreement will remain in effect until the 2012 Summer Olympics.

The agreement will be extended to the 2014 Winter Olympics and 2016 Summer Olympics.

The IOC has written its commitment to equal access to athletics for all people into its charter, which states,

The practice of sport is a human right. Every individual must have the possibility of practicing sport, without discrimination of any kind and in the Olympic spirit, which requires mutual understanding with a spirit of friendship, solidarity and fair play....Any form of discrimination with regard to a country or a person on grounds of race, religion, politics, gender or otherwise is incompatible with belonging to the Olympic Movement.

While the charter is silent on discrimination specifically related to disability; given the language in the charter regarding discrimination it is reasonable to infer that discrimination on the basis of disability would be against the ideals of the Olympic Charter and the IOC. This is also consistent with the Paralympics' Charter, which forbids discrimination on the basis of political, religious, economic, disability, gender, sexual orientation or racial reasons.

Chairman of the London organizing committee, Lord Coe, said about the 2012 Summer Paralympics and 2012 Summer Olympics in London, England, that

We want to change public attitudes towards disability, celebrate the excellence of Paralympics' sport and to enshrine from the very outset that the two games are an integrated whole.

2.20 PARALYMPIANS AT THE OLYMPICS

Paralympics athletes have sought equal opportunities to compete at the Olympic Games. The precedent was set by Neroli Fairhall, a Paralympic archer from New Zealand, who competed at the 1984 Summer Olympics in Los Angeles. In 2008 Oscar Pistorius, a South African sprinter, attempted to qualify for the 2008 Summer Olympics. Pistorius had both his legs amputated below the knee and races with two carbon fiber blades. He holds Paralympic records in the 100, 200, and 400 meter events. In 2007 he competed in his first international non-disabled track meet, after which the International Association of Athletics Federations (IAAF), Track and Field's governing body, banned the use of any technical device that employs "...springs, wheels or any other element that provides a user with an advantage over another athlete not using such a device." The concern amongst athletes and the IAAF was that Pistorius' blades gave him an unfair advantage. The IAAF then ruled that Pistorius was ineligible for the 2008 Summer Games. This ruling was overturned by the Court of Arbitration for Sport who contended that the IAAF had not provided sufficient scientific evidence that Pistorius' prostheses gave him undue advantages. Consequently, if he could achieve an Olympic-qualifying time, he would be allowed to compete. His best opportunity to qualify was in the 400 meter race. Pistorius missed the Olympic-qualifying time at this distance by .70 seconds. He did compete in the 2008 Summer Paralympics where he won gold medals in the 100, 200, and 400 meter sprints.

Athletes without a disability also compete at the Paralympics: The sighted guides for athletes with a visual impairment are such a close and essential part of the competition that the athlete with visual impairment and the guide are considered a team, and both athletes are medal candidates.

2.21 PLAN OF ACTION ON DISABILITY

To further guide planning and budgeting, the government also developed the National Program

- Accessibility to Basic Services;
- Physical Environment and Information;
- Capacity building;
- Conflict and Humanitarian emergencies;
- Livelihoods and Employment;
- Research and Documentation;
- Monitoring and Evaluation

2.22 FUNDAMENTAL PRINCIPLES OF OLYMPISM

Modern Olympism, which was conceived by peered de Coubertin in the late 19th century, has evolved over time as the Olympic Movement has grown and developed. Olympism is now defined in the Fundamental principles of the Olympic Charter (2010):

Olympism is a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, olympism seeks to create a way of life based on the joy of effort, the educational value of good example and respect for universal fundamental ethical principles

The goal of Olympism is to place sport at the service of the harmonious development of man, with a view to promoting a peaceful society concerned with the preservation of human dignity.

The Olympic Movement is the concerted, organized, universal and permanent action, carried out under the supreme authority of the IOC, of all individuals and entities who are inspired by the values of Olympism. It reaches its peak

with the bringing together of the world's athletes at the great sports festival, the Olympic Games. Its symbol is five interlaced rings.

The practice of sport is a human right. Every individual must have the possibility of practicing sport, without discrimination of any kind and in the Olympic spirit, which requires mutual understanding with a spirit of friendship, solidarity and fair play. The organization, administration and management of sport must be controlled by independent sport organizations.

Any form of discrimination with regard to a country or a person on grounds of race, religion, politics, gender or otherwise is incompatible with belonging to the Olympic Movement.

Belonging to Olympic Movement requires compliance with the Olympic Charter and recognition by the IOC.

2.23 ROLE OF INTERNATIONAL FEDERATIONS IN THE PARALYMPIC GAMES

The IFs are international non-governmental organizations that administer one or more sports at the global level and have as their affiliates the national sport federations. While conserving their independence and autonomy in the administration of their sports, IFs seeking IOC recognition must ensure that their statutes, practice and activities are in conformity with the Olympic Charter. Among the IFs recognized by the IOC, only those representing sports included in the programme for an edition of the Games are categorized as "Olympic."

Within the Olympic Movement, the mission and role of the IFs includes establishing, applying and enforcing the rules concerning the practice of their respective sports, furthering the global development of their sports, contributing towards the spread of Olympism and Olympic education and providing technical assistance in the practical implementation of the Olympic Solidarity programs

For the Olympic Games, the Ifs are specifically responsible for establishing and submitting eligibility criteria for the competitions of the Olympic Games to the 10C for its approval. The Ifs also assume responsibility for the technical control and supervision of their sports at the Olympic and other Games held under the patronage of the 10C and express their sport-specific opinions on Olympic games candidate cities' proposals concerning technical aspects at the venues

Additionally, the Ifs have the right to formulate proposals addressed to the 10C concerning the Olympic charter and the Olympic Movement, collaborate in the preparation of the Olympic congress and, at the 10C's request, participate in the activities of various 10C Commissions.

2.24 OLYMPISM AND THE OLYMPIC VALUES

Olympism is a philosophy and a way of life based on the joy found in effort, the educational value of good example and respect for fundamental ethical principles. For the individual, Olympism blends sport, culture and education to promote the proper and well-balanced development of the body, will and mind. For society, Olympism places sport at the service of mankind by encouraging the establishment of a peaceful society that preserves and nurtures human dignity.

Values, as intellectual concepts, are difficult to define. They are thought of as universally accepted or absolute. Yet they may vary in importance from one person to another. They may mean different things to different people, depending on the social or cultural context in which they reside. And they are interpreted through the unique lens with which each human being views the world. The Olympic Movement, since it belongs to everyone, is obliged to encourage discussion, debate and questioning about the relevance of its values in the contemporary world.

To articulate its vision more effectively, the IOC set out to clarify the meaning of the Olympic values and place them within a comprehensive framework. The goal was to show the Olympic values are linked to the Movement's mission, activities, guidelines and principles and to find ways of communicating what the IOC stands for more clearly.

The three core values of the Olympic Movement, which inspire us on individual and organizational levels are excellence, friendship and respect.

Excellence- in the Olympic ideal, this value refers to giving one's best, either on the field of play or in life it is not only about winning, but also participating, making progress against personal goals, striving to do our best in our daily lives and benefiting from the healthy combination of a strong body, mind and will.

Friendship- the Olympic Movement encourages links and mutual understanding between people. "Friendship" refers to building a peaceful and better world through solidarity, team spirit, joy and optimism in sport. The Olympic Games inspire people to overcome political, economic, gender, racial or religious differences and to forge friendships in spite of those differences. For athletes, this means forming life-long bonds with their team-mates as well as their opponents.

Respect- this value represents a principle which should inspire all those who take part in Olympic programmes. Respect for oneself and one's body, respect for one another, for the rules as well as for the environment. It refers to the fair play attitude that athletes should have, and to their commitment to avoid doping

2.25 THE PRINCIPLES OF OLYMPISM

The principles of Olympism, described below, amplify the Olympic values and allow them to be expressed in a way that drives far-reaching social change.

Non –discrimination-The Olympic Movement strives to ensure that sport is practiced without any form of discrimination whatsoever.

Sustainability- The Olympic Movement organizes and delivers programmes in a way that promotes sustainable economic, social and environment development.

Humanism-The Olympic Movement's activities place human beings at the centre of its attention, ensuring that practice of sport remains a human right.

Universality-Sport belongs to everyone. In all its decisions and actions, the Olympic Movement takes into account the universal impact sport can have on individuals and society.

Solidarity-The Olympic Movement is committed to developing programmes that, together, create a meaningful and comprehensive social response to issues within its sphere of influence.

Alliance between sport, education and culture-The Olympic Movement is committed to promoting the spirit of Olympics, which emerges at the convergence of sport, culture and education.

2.26 THE SPORT WE WANT

Creating a healthy and vibrant environment for participation in sport in communities is the theme of the Canadian Centre for Ethics in Sport-The Sport We Want (2003).

Individual values: What are the most important individual values to encourage and support participation among young people? Here are the answers, in priority order, from the Canadian study, although these may vary in different societies.

- Fun
- Respect
- Access for all

- Fair play
- Inclusion
- Personal development
- Health and well-being
- Positive role models
- Self-esteem
- Self-confidence

Fun –Children and adults primarily participate in sport-whether organized or not-in order to have fun and enjoy time with their friends. Children are generally not motivated by the “adult” value of winning. Parents and coaches often forget this and focus on winning (the “end”) rather than on the process of playing (the “means). This can place huge pressure on children to perform well at any cost.

Tolerance and mutual respect-There are two equally important aspects of respect that should be taught to children through sport-self-respect and respect for others. Respect can help “humans” sport as well as provide children and young people with a critical social value that will guide their decisions and actions throughout their lives. Tolerance is essential for us to learn to live together harmoniously.

Access-The benefits of sport cannot be fully realized unless everyone has access to it. Sport is a right, not a privilege, and its benefits should be maximized for all, regardless of their economic status, ethnic background, skill or gender. We need to ensure that sport is inclusive at its introductory levels, to give children a solid foundation from which to continue participating in elite athletics to the detriment of the others involved. Access for all can also build a sense of community by providing common experience for people.

Fair play-Fair play promotes and supports these ideal of “true sport” that we want in our communities. The value of fair play makes a unique contribution to society because it encompasses other values such as respect, tolerance and inclusion, and it promotes fairness and honesty.

We will know we have fair play if children continue to be involved in community sport throughout their lives and show respectful behavior to parents, coaches and officials, who also need to be respectful to children. To build fair play values into community sport, athletes should be continually recognized for effort and participation and not just for winning and losing (e.g. fair play awards)

Community values: From the same Canadian study, it appears that the most important community values for sport are:

- Equality of access
- Tolerance and mutual respect
- Safe and welcoming environment
- Healthy citizens
- Leadership development
- Skilled volunteer base
- Inclusion of citizens
- Developing positive social behavior
- Shared values
- Community unity and cohesion

2.27 ROLE AND OBJECTIVE OF THE TEAM

- Role
- Team
- Team building
- Team management
- Norms
- Role and scope

Role: - the part an individual plays in a group to help the group reach its

Role: Is a unit of defined responsibilities that may be assumed by one or more individuals.

Team: Two or more people working together towards a common goal. A team develops products that are the result of the team's collective effort.

Team Building: The process of gathering the right people and getting them to work together for the benefit of a project

Team Management: The direction to a group of individuals who work as a unit. Effective teams are result-oriented and are committed to program objectives, goals and strategies.

Norms: are acceptable standards of behaviors within a team that are shared by group members. They tell members what they should and should not do depending on the circumstances. In the work environment the most important norms deal with a performance-related process.

2.28 CONCEPT OF ADVANCED PHYSICAL QUALITIES

Endurance, Speed, Strength, Flexibility, Coordination, Agility, Power Reaction time and Balance

Physical fitness means a set of physical attributes related to a person's ability to perform physical activity successfully, without undue strain and with a margin of safety. A person is considered to be physically fit if they are able to carry out all of their daily tasks easily and without becoming fatigued. However,

being fit for Athletics requires a much higher level of fitness that needed for activities such as running, throwing and jumping. There are advanced physical qualities to enable the body to overcome the demands of event specific training .Therefore, Athletic events are a physically demanding activity, requiring bursts of strenuous activity. Without good physical qualities, athletes are rarely able to perform the activity with good technique.

Endurance;-refers to how long a person can perform a particular exercise, at a particular intensity. It can also mean that they can perform longer distances of these activities in a shorter amount of time than someone with less endurance. An athlete is considered to have good endurance when he does not easily fatigue. Endurance, of all the components of fitness, should be developed first. Without endurance it is difficult to repeat other types of training enough to develop the other components of fitness.

There are two basic types of endurance:

Aerobic endurance;-A person's aerobic fitness level is dependent upon the amount of oxygen which can be transported by the body to the working muscles via the lungs and blood system, and the efficiency of the muscles to use that oxygen.

Aerobic Endurance is one of the main fitness components, important for success in many sports. Certain sports, such as distance running and triathlon, it is the most important physical attribute.

Aerobic training leads to both a strong cardio respiratory system and an increased ability to use oxygen in the muscles. Aerobic endurance can be developed by continues or repetition running.

Anaerobic endurance Anaerobic is intense physical activity that is short in duration and requires a breakdown of energy sources in the absence of sufficient oxygen. Energy sources are replenished as an individual recovers

from the activity. Anaerobic activity (e.g., sprinting during running, swimming, or biking) requires maximal performance during the brief period.

During anaerobic (without oxygen) work, involving maximum effort, the body is working so hard that the demands for oxygen and fuel exceed the rate of supply and the muscles have to rely on the stored reserves of fuel. The muscles, being starved of oxygen, take the body into a state known as oxygen debt and lactic starts to accumulate in the muscles. Activity will not be resumed until the lactic acid is removed and the oxygen debt repaid.

Strength: can be described as the maximum amount of force that a muscle can generate in a single effort. When athletes make significant strength gains, muscles fibers (cells) gain size. Weightlifting requires considerable strength, but all sports also require some level of strength fitness.

Flexibility is specific to a particular movement or joints, and the degree of flexibility can vary around the body.

The natural range of motion of each joint in the body depends on the arrangement of tendons, ligaments, connective tissue and muscles. The limit to a joint's range of motion is called the 'end position'. Injuries can occur when a limb or muscle is forced beyond its normal limits.

Coordination refers the ability to use the senses with the body parts to perform motor tasks smoothly and accurately. Even simple acts such as walking require a degree of coordination but a much higher level of coordination is required when performing any physical activity. Again, an individual's level of coordination cannot be improved through training, although the ability to perform a particular task can be improved through practice. Juggling, hitting a golf ball, dribbling in basket ball, or kicking a ball are examples of activities requiring good coordination.

Agility refers to the ability to quickly change body position or direction of the body. It is also influenced by body balance, coordination, the position of the center of gravity, as well as running speed and skill. Agility can be improved with agility training drills but also by improving the specific individual fitness elements of speed, balance, power and coordination to an athlete's ability to change direction.

Power is defined as the ability to transfer energy in to a fast rate of speed, or the ability to exert maximum muscular contraction instantly in an explosive burst of movement. Power training enables an athlete to apply the greatest amount of their maximal strength in the shortest period of time. Most athletic activities involve far faster movements and far higher power outputs than are found in maximal strength exercises. An athlete can be exceptionally strong but lack significant explosive power if they are unable to apply their strength rapidly. Strength and speed are the two basic components of power.

Reaction time: is the ability to respond to a stimulus quickly. It is the time elapsed between stimulation and the beginning of reaction to that stimulation. Most athletic events such as starting a sprint race require good reaction time.

The shorter the amount of time it takes to respond, the quicker the reactions of the performer. Reaction time is incredibly important in events such as the 100m because the sprinter who responds fastest to the sound of the gun has a better chance of winning the race.

Balance: is the ability to maintain equilibrium when stationary or moving (i.e. not to fall over) through the coordinated actions of our sensory functions (eyes, ears and the Proprioceptive organs in our joints)

Balance is the ability to keep the body stable, when still or moving, by keeping the centre of gravity over the base of support, for example, when performing a handstand or a cartwheel. An individual's overall level of balance is not really

something that can be trained, although the ability to perform a particular type of balance, such as a headstand, can be improved through practice

2.29 PHYSICAL CONDITIONING

Physical conditioning refers to the development of physical fitness through the adaptation of the body and its various systems to an exercise program.

Physical conditioning: is the process of training to become physically fit by a regimen of exercise, diet, and rest; *also* the resulting state of physical fitness. It is a simple form of learning involving the formation, strengthening, or weakening of an association between a stimulus and a response.

Training programs A training program has to be developed to meet the individual needs of the athlete and take into consideration many factors gender, age, strengths, weaknesses, objectives, training age, training facilities, etc. As all athletes have different needs a single program suitable for all athletes, is not possible.

2.30 THE PRINCIPLES OF TRAINING

A number of guiding principles can help you to decide on the most effective training. To improve your performance, obey the principles of training. Some of these principles are:

The principle of specificity The effects of training are very specific. The principle of specificity states that the specific nature of a training load produces its own specific response and adaptations.

The training load must be specific to both the individual athlete and to demands of their chosen event or events. General training must always come before specific training in the long term plan, and prepares the athlete to tolerate the loadings of specific training.

The volume of general training determines how much specific training the athlete is able to complete. The greater the volume of general training in an athlete's foundation the greater is the capacity for specific training.

The principle of overload To improve the fitness of the various body systems we need to overload them. Different training loads have different effects on the athlete's adaptation and recovery.

You can increase load in three ways:-

- By increasing the intensity
- By increasing the frequency
- By increasing the duration

The principle of reversibility;-If you are not exposed to regular training there is no loading and the body has no need to adapt. So the fitness level of the individual returns slowly to the original level. For training to be effective you must understand the relationship between adaptation, the principle of overload and the principle of reversibility.

The principle of variety;-Training is a long term process and loading and recovery can quickly become boring for the athlete and the coach. Variety increases enjoyment. It may also increase the training effect by changing the stimulus Consider changing:-

- The nature of the exercise
- The environment
- Time of day of the session
- The training group

The principle of Individualization Each individual has different capabilities, capacities and responses to training. Different athletes will respond to the same training in different ways. There is no such thing as an ideal training program that will produce optimal results for everyone.

The principle of active involvement: This is perhaps the most important principle of training without it a successful training program can not be started. It means simply that for a training program to be fully effective the athlete must want to actively and willingly participate.

2.31 SPORT PSYCHOLOGY

Sport and exercise psychology is the study of the effects of psychological and emotional factors on sport and exercise performance, and the effect of sport and exercise involvement on psychological and emotional factors. Athletic performance is influenced by hydrological and emotional factors than can be fine-tuned and learned conversely, involvement in sport and exercise activities can have a positive effect upon an individual's psychological and emotional makeup.

Personality- is the sum total characteristics of a person; Professional psychologists have tried to measure personality in many different ways. The most important conclusion from all their research is the apparently obvious statement that no two people are the same. This is important statement because it means:

- People will interpret the same piece of information differently.
- People will respond differently to the same situation and the same person will also respond differently in different situations.

The most important psychological skills can be summed up by the five 'cs':-

Communication- is the two way process of exchanging information between individuals, and assists motivation, goal setting and all skills learning success depends to a large extent on your ability to communicate effectively in a variety of situations and with people of all types and ages.

Commitment – means how much an individual wants to achieve a goal to understand this commitment you need to know what motivates individuals and what motivates individuals and what goals they have. Individuals have many different goals in being involved in sport activities typical reasons are:-

- To have fun
- To master new skills
- To compete and win
- To make friends
- To become fit
- To experience excitement

Control- learning to control emotions and anxiety

Anxiety means simply how much an individual is aroused or ready for a given situation. There are two ways that help to prepare the mental skills of emotional control

- Effective goal setting to increase self confidence
- Using appropriate relaxation techniques.

Confidence –means how well person views themselves in a particular situation and it is situation specific. An athlete may be confident in certain situations but if the situation changes they may be less, or more, confident. So it is really about how the individual ‘sees’ how well they can meet the demands of any situation.

Concentration-the mental skill of concentration is needed in both training and competition if it is poorly developed it is difficult to be consistent and to build confidence, concentration relates to where the focus of attention is and how well to maintain and control that focus person’s concentration is affected by where he/she is looking, what she/he is listening to, what she/he is saying and thinking inside he self/himself and what she/he is feeling and sensing.

Motivation and self-confidence

Motivation and self-confidence are not synonymous concepts, but they are very closely related. Athletes who are highly motivated tend to be very self-confident about their abilities. Yet, a distinction must be made between global self-confidence is more of personality trait or disposition, one can exhibit a great deal of global self-confidence and not be successful at a specific sport or physical activity. Global self-confidence is an important personality characteristic that facilitates daily living.

In the closing moments of a close competition the coach wants a player who believes completely in his ability to succeed. This is situation specific self-confidence.

2.32 SPORT DIET AND NUTRITION

Nutrition is the study of food we eat and how the body uses it.

Nutrients!- are those essential elements in food that we need for life and growth. They include proteins, carbohydrates, fats, minerals, vitamins, water and fibers.

Carbohydrates:- there are two type of carbohydrates starch and sugars carbohydrate provide the primary energy for:-

- Forming new compound
- Transmit impulse (through the nerve)

Major source of starch are potato, beans, peas, grains etc the major source of sugar's are fruits, juices, honey, etc. the major role of sugars and starches are to provide glucose. Carbohydrates should form 55% of the daily diet.

Proteins: is the basic structural substance of the cell forming bone, skin, muscle, hormones enzymes, hemoglobin and platelets. The end product of proteins is amino acids.

Fat: are broken down by the body into fatty acids. The use of fats are act as insulators, protect vital organs and secondary energy source for muscle activity. Fat should form 20% of what we eat

Minerals: give strength and rigidity to a certain body parts, and assist in many vital body functions for instance:-

Calcium: - formation of bone and teeth

Phosphorus: - production of energy

Iron: - necessary of form hemoglobin

Vitamins: are needed daily, but only in tiny amounts. They play an important part in many chemical processes that takes place in the body. Even slightly low vitamins levels can reduce athletic performance. If a vitamins is always low, or missing from your diet you could become very ill. Such an illness is called deficiency diseases.

Good food sources are:- leaver, leafy green vegetable care carrots, tomato, potato, etc.....

Water: Athletic performance is affected almost immediately if the body's water requirements are not met. Water is one of the most important nutrient required by the body. About two thirds of your body is water. The average person should take in about 1 liter of water in drink every day. Food contains more water than you might think.

Fiber: is an important part of the diet, but is not absorbed by the body and is often ignored as a nutrient fiber is a substance found in every plant cell. The tough layer around grains of wheat, oats and rice are also a type of fiber called bran.

Fiber foods are natural laxatives. They are essential in adding bulk to food as it pass through the digestive system

2.33 DRUGS IN SPORT

Performance enhancing drugs: To compete in modern Games, to win gold, to stand on the rostrum as the flag is raised and the national anthem played is the dream of many. But it will come true for only a few. Only the gifted, only the dedicated; only the best will win.

Modern sport is plagued by suspicions that many top athletes resort to drug-taking – doping – to enhance their performance. They use anabolic steroids, human growth hormone, erythropoietin (EPO), beta-blockers, stimulants or diuretics. While drugs such as these get a lot of publicity, they are perhaps not well understood.

Here we look at two of the better known drugs in sport – anabolic steroid and human growth hormone. Both are members of a family of chemicals called hormones – naturally occurring chemical messengers that regulate many of the body's functions.

The main hormones are produced by glands and are transported around the body in the bloodstream. Because of their importance in the growth and development of organs and tissue, hormones are the main target in the development of performance-enhancing drugs. But, as we will see, the fact that the drugs occur naturally in the body sometimes makes detecting drug abuse difficult.

2.34 SPORT INJURES AND FIRST- AID MANAGEMENT

The human body is built for movement we are constantly being encouraged to take part in sport because most sports involve exercise, and we all know that exercise is good for us. However, sport can also have harmful effects. Torn muscles, sprained ankles, broken bans and all sorts of other injures can result.

2.34.1 REASONS FOR SPORT INJURIES

As a result of sudden or persistent stress on a particular part of the body with which the body cannot cope.

As a result of damage to the body tissues because of the long-term stresses placed on particular body parts within their sport.

2.34.2 CATEGORIES OF SPORT INJURIES

Skin injuries – injuries occurred on the skin that result on bleeding

Examples:-

Abrasions- These occurs when some of the skin layers are scraped off as a result of rubbing the body part against the ground or something rough.

Treatment- All lacerations should be gently examined to see if there is any damage other than to the skin . do not poke (prod) into the wound.

Blisters – These are caused by repeated friction on the skin. The repeated friction causes a parting of the layers of the skin. The gap is then filled by a tissue fluid (serum) which forms a thin bubble blister.

Treatment: - small blisters can be covered with an adhesive dressing. Blisters do heal more quickly if the fluid is drained from them. Large blisters can be punctured with a sterile needle and the fluid removed by gentle pressure. Then the blister can be covered by a plaster without removing the skin over the blister. If the blister becomes infected (pain increases, the area reddens and pus appears) then further medical advice is necessary. Infection is the greatest danger arising from skin injuries. All serious cuts or abrasions should be reported to a doctor or hospital for a tetanus jab.

Muscle injuries:- injuries –muscle injuries can be caused by external or internal forces such as tears or strains. They account for approximate 10-30% of all injuries in sport muscle soreness is quite normal and may remain for

between 8-24 hours after exercise. It is more likely to happen if the exercise is new to you. The muscle fibers will have been stretched during the muscular activities. After exercise they will help to give relief. Severe muscle injuries should be seen by a doctor on the day of the injury.

Example of muscle injuries are:-

Muscle cramps- is a sudden painful contraction of a muscle or group of muscles. It can last for a few seconds or continue for several hours

Treatment: - RICE (Rest, Ice, compression, Elevation)

Bone injuries – Broken bones are a possibility in all fast moving activities particularly if body contact is an essential part of the game.

A closed fracture: is one where the skin surface around the bone is not broken

An open fracture: is where the ends of the bone have come through the skin

A compound fracture: is one where the fractured bone has also caused other injuries.

Treatment: - unless you are medically qualified do only what is necessary to comfort

The injured person and prevent further injury. Getting the ambulance is a priority

Joint injuries: a joint injury is liable to involve one or more of the following body

tissues bone, cartilage, ligaments, muscles and tendons.

Examples of joint injuries are:-

Sprain- occurs when the ligaments and other tissues around a joint are torn often as a result of a sudden or severe wrenching. The joint is forced beyond its normal range and a great deal of pain is felt.

Treatment: - sprains vary greatly in their severity. It is sometimes difficult to distinguish a bad sprain from a fracture in one of the surrounding bones. If there is any doubt, treat the injury as if it is a fracture that is get immediate medical help. In case of minor sprain apply the RICE treatment ensure that the injured person sees his or her doctor if the pain is still present after 24 hours.

Dislocation- Occur when one or more of the bones at a joint are forced out of their normal position. Symptoms of dislocation are:-

- Complain of severe sickening pain in or around the joint
- The joint will look deformed and out of place as well as the whole area.
- The joint will appear fixed with no movement being possible.

Treatment: - support the injured part in the most comfortable position using bandages or slings if available. Then get the patient to hospital as quickly as possible. If you are in any doubt as to the nature of the injury, then treat it as a fracture.

CHAPTER THREE

RESEARCH METHODOLOGY

The research will employ both non probability sampling and simple random sampling, the main objective of using research methodology is to indicate methods and procedures to be followed and how to apply them in the course of study, in this part research type, sample size, population sampling design type, source of data, data collection tools and methods of data analysis and presentation will be discussed

3.1 RESEARCH DESIGN

The study will conduct over period of four months March 2012 to Jun 2012. In this study mainly descriptive type research will be used. This is because the objectives of descriptive type of the study is to poverty on accurate profile of person events or situation and it also includes survey and fact findings inquires of different kind (Robson 1993) and also help to analyze the participation of Ethiopian Paralympics athletics sport in Paralympics games. Data will be collect on the perception of people about the participation of disable athletics sport in the international games, the callings and problems of Ethiopian Paralympics athletics sport in participation in Paralympics games, level of participation and the participation tasks, the approach will used in data collection perception survey, survey method is selected because it is the ideal tool for collecting data on perception studies and can easily capture athlete attitude. Evidence will gather from athletes, coaches, administrative bodies sport medical doctors, University Instructors using survey and interview instrument. Sampling will be taken from different events of disable athlete will be taken because the quality of the athlete is determine by the cumulative interaction of all disable athletics events the study will use both qualitative and quantitative research approach additional evidence will gathered from different

books by reviewing of published and un published document including national and international sport organization results

3.2 SAMPLE DESIGN

In this study both probabilistic and non probabilistic sampling will be employed. The survey consists of respondents from Ethiopian Paralympics committee two technical staff members, four coaches, and eight disable national team athletes. Three federal administrative staff, one medical doctor by random sampling will be employed. Study sampling is done to save time and money and to obtain more accurate measurement (O. Sullivan. Rassel and Berner.2010), Interview coach will be used to support the survey because it provide ideal approaches for the exploration of context about the challenges and problems of Ethiopian Paralympics athletics sport participation in Paralympics games.

3.3 DATA SOURCE

Both primary and secondary data will be collected from first hand source and second hand source of data in this study, primary data will directly from sample disable athlete from the Paralympics committee, the primary data will use to collect data on perceptions relate to motivation second data will also collect from Federal sport commission, Ethiopian Paralympics committee, Paralympics notional team and news paper.

3.4 DATA COLLECTION METHODS

The data will be collected with questioner distributed to sixteen respondents from all disable athletics and interview with one elected coach structured and semi structured will be prepared in the study only few questionnaires will prepare in the form of semi-structure questions, which allow respondents to write their view on the blank space provided in addition to the structured oneself administered questionnaires will use for the key informal interview

3.5 DATA ANALYSIS

The data will be analyzed through employing different statistical techniques and tools. Descriptive study will be employed as analytical tools in the study. From the descriptive techniques percentage, average ranges in the form of table and in the graphs.

The data analysis procedure will be started with the process of data collection on daily basis data will be analyzed based on pre-identified themes assisted by computer software; the 1st step will be coding the data.

CHAPTER FOUR

ANALYZING AND INTERPRETATIONS OF THE DATA

The chapter consists of a major finding of the study the analysis of the responses is indicated on the table below.

4.1 ANALYZE AND INTERPRETING THE DATA FROM ATHLETE'S QUESTIONER

Table 1: Athletes response on do you believe that Ethiopian Paralympics athletics sport have enough appropriate competition and training sport fields for trainees and competitors.

Item	No. of respondents	Response in %
A. I believe	5	62.5
B. Satisfactory	1	12.5
C. Better than no think	1	12.5
D. Not appropriated	1	12.5
Total	8	100

Based on the above table 62.5% respondents responded that they believe that Ethiopian Paralympics athletics sport have enough appropriate competition and training fields for trainers and competitors they believe, 12.5% the respondents also satisfactory 12.5% the respondents also respond that better than nothing, the rest 12.5% of the athletes respond that no appropriated more than average athletes respond as believing is their interests.

Table 2: Athletes response on our country disable athletes have organized in clubs

Item	No. of respondents	Response in %
A. Organized	-	-
B. In organized	8	100%
Total	8	100

As we noted from the above table no one responded that organized in clubs, the rest 100% of the athletes respond as our country disable athletes have in organized in clubs.

Table 3: Athletes response on our country disable athletes have organized in national team

Item	No. of respondents	Response in %
A. Yes	6	75%
B. No	2	25%
Total	8	100%

As indicated in table above 75% of the athletes, responded that have organized in nationals team, about 25% of athletes also responded that no organized in national team.

Table 4: Athletes response on in disable athletics sport the training and computational sport equipment

Item	No. of respondents	Response in %
A. Very high	5	62.5
B. High	1	12.5
C. Medium	1	12.5
D. Low	1	12.5
Total	8	100

The above table shows that 62.5% of respondents responded that the training and computational sport equipments are very high 12.5% of athletes said high sport equipment, and also that 12.5% of athlete's response that medium sport equipments the rest 12.5% of the athletes responded that low sport equipments in disable athletes sport.

If your answer is yes describe the number of organized athletes and their events

In athletics 8 athletes with running events

- 1500m T44 female and male athletes
- 800m T44 female and male athletes
- 100m T46 female athletes
- 200m T46 female athletes
- 400m T46 female athletes

Table 5: Athletes response on do you believe know enough skilled and qualified coach in Ethiopia Paralympics athletics sport

Item	No. of respondents	Response in %
A. Very satisfactory	2	25
B. Satisfactory	4	50
C. Unsatisfactory	1	12.5
D. No	1	12.5
Total	8	100

As we can see above the table 25% of respondent athletes responded that very satisfactory qualified Paralympics athletics coaches in Ethiopia, and about 50% of respondents respond said that qualified coaches are satisfactory. Whereas 12.5% of respondents that qualified coaches are unsatisfactory, and also at least 12.5% response of athletes said the no qualified Paralympics athlete's coaches in Ethiopia.

Table 6: Athletes response on what looks disable female athletics participation in Ethiopia

Item	No. of respondents	Response in %
A. Very high	2	25
B. High	2	25
C. Medium	2	25
D. Low	2	25
Total	8	100

As indicate the above table 25% of the respondents responded female athletes participation in Ethiopia are very high, 25% of the athletes responded that the participations are high, and also 25% of the athletes responded that the participations are medium, and the rest 25% respondents responded that low participation. This tables show that most of the athletes have equal percent of posture attitudes to warding very high, high, medium, and low disable female athlete athletics participation in Ethiopia.

Table 7: Athletes on meal support of Ethiopian disable athletics sport during competition and training time

Item	No. of respondents	Response in %
A. Appropriate	4	50
B. Inappropriate	4	50
Total	8	100

Table 7 illustrated that 50% of respondents responded that appropriate meal supply during competition and training time. The rest 50% of the respondents responded that in appropriate meal supply in training and competition time. This shows that equal percent of positive attitudes towards appropriate and inappropriate.

Q 7: The athletes response on if the answer is inappropriate what kind of shortage do you faced

- First of all they face the lack of attitudes and knowledge of coaches to words sport nutrition
- Inappropriate calorie intake and calorie expenditure during training and competition time based on this lack of vitamins and proteins rather than carbohydrates.

Table 8: Athletes response on social awareness towards the disable athletics

Item	No. of respondents	Response in %
A. Very high	1	12.5
B. High	1	12.5
C. Medium	1	12.5
D. Low	5	62.5
Total	8	100

Based on the above table 12.5% respondents responded that the social awareness of disable athletics are very high, 12.5% the respondents responded also high, 12.5% the respondents also respond medium, more than 62.5% of the athletes responded as low is their interest.

Table 9: Athletes response on how do you see the role of Ethiopian Paralympics committee, Ethiopian athletes federation and Olympic committee

Item	No. of respondents	Response in %
A. Very high	1	12.5
B. High	1	12.5
C. Medium	-	-
D. Low	6	75
Total	8	100

The above table shows that 12.5% respondents responded that the role is very high, and 12.5% athletes responded that high role and also that no respondents in medium alternatives. The rest 75% of the athletes responded that low role of Ethiopian Paralympics committee, Ethiopian athletics federation and Ethiopian Olympic committee.

Table 10: Athletes response on participation of Ethiopian Paralympics committee in national continental and international level

Item	No. of respondents	Response in %
A. Very high	1	12.5
B. High	1	12.5
C. Medium	4	50
D. Low	2	25
Total	8	100

The above table shows that 12.5% of respondents responded that the participation is very high, and 12.5% of athletes responded that high, whereas 50% of the athletes responded that medium, the rest 25% of the athletes responded that the participation of Ethiopian Paralympics committee in national continental and international levels are low.

If your answer is low what do you think the key problem of it shortage of

- Close relationship
- Lack of technology facilities
- Lack of commitment
- Shortage of economy
- Weakness of executive board members
- Lack of man power

Table 11: Athletes response on how do you see the consideration of Ethiopian government for disable athletics sport

Item	No. of respondents	Response in %
A. Very satisfactory	2	25
B. Satisfactory	4	50
C. Unsatisfactory	2	25
Total	8	100

Based on the above table 25% of the respondents responded that the consideration of Ethiopian government is very satisfactory, whereas 50% of the respondents also satisfactory. The rest 25% of the athletes responded that the consideration of Ethiopian government for disable athletics sport are unsatisfactory.

Table 12: Athletes response on how do you see coaching system and method of training

Item	No. of respondents	Response in %
A. Very high	1	12.5
B. High	1	12.5
C. Medium	4	50
D. Low	2	25
Total	8	100

Based on the above table 12.5% of respondents responded that the coaching system and methods of training is very high, and 12.5% of the athletes responded that high, where as 50% of the respondents also medium, the rest 215% of the athletes responded that the coaching system and methods are low.

Table 13: Athletes response on how do you see athletes requirement and selecting for Paralympics computation participation

Item	No. of respondents	Response in %
A. Very satisfactory	1	12.5
B. Satisfactory	4	50
C. Unsatisfactory	3	37.5
Total	8	100

Based on the above table 12.5% of the respondents responded that athletes requirements is very satisfactory, where as 50% of the respondents also satisfactory, the rest 37.5% of the athletes responded that the athletes requirement and selecting strategy is unsatisfactory.

Q. 11: Athletes response on how many times implementing at national level disable athletics competitions in a year

- Two times
 - Youth disable athletics sport computation
 - Ethiopian disable athletic champion
- One times
 - School competitions

Table 15: Athletes response on how many types/class in disable athletics sport participation in Paralympics games

Item	No. of respondents	Response in %
A. Very satisfactory	1	12.5
B. Satisfactory	1	12.5
C. Unsatisfactory	6	75
Total	8	100

Based on the above table 12.5% respondents responded that type/class in disable athletics are very high, whereas 12.5% of the respondents also

satisfactory. The rest 75% of the athletes responded that the types/class in disable athletics sport participation in Paralympics games are unsatisfactory.

4.2 ANALYSIS AND INTERPRETATION OF DATA OBTAINED FROM SPORT EXPERTS

Table 16: Sport experts responses on do you know Ethiopian Paralympics athletics sport have enough appropriate competition and training sport fields for trainers and competitors

Item	No. of respondents	Response in %
A. Very satisfactory	1	10
B. Satisfactory	3	30
C. Unsatisfactory	6	60
Total	10	100

The above table shows that 10% of the expertise responds that sport fields in Paralympics athletics are very satisfactory and about 30% of the expertise also respond that satisfactory. Whereas 60% of respondents response that unsatisfactory Paralympics athletics sport fields for trainers and competitor's.

Table 17: Sport experts responses on do you know Ethiopian Paralympics athletics sport training competition programme included with national and international level schedule

Item	No. of respondents	Response in %
A. Included	8	80
B. I don't known	2	20
Total	10	100

The above table shows that 80% respondents respond Paralympics athletics sport training and competition program me is included, the rest 20% of the sport experts they don't know the schedules.

Table 18: Sport experts responses on do you think the participation of Ethiopian Paralympics athletics sport sustainable leading manual guide lines and training manuals

Item	No. of respondents	Response in %
A. Yes	9	90
B. No	1	10
Total	10	100

The above table shows that 90% respondents responded that they have leading manual, guidelines and training manuals in Paralympics athletics sport, the rest 10% respondents responded that they have sport sustainable manuals.

Table 19: Sport experts responses on in our country the Paralympics athletics athletes organized in training sport centers

Item	No. of respondents	Response in %
A. Yes	-	-
B. No	10	100
Total	10	100

The above table shows that 100% respondents responded that no organized athletes in the sport training centers.

Table 20: Sport experts responses on in our country the disable athletes have organized in clubs

Item	No. of respondents	Response in %
A. Yes	-	-
B. No	10	100
Total	10	100

The above table shows that 100% of sport experts respondents responded that no organized athletes in Paralympics athletics sport clubs.

Table 21: Sport experts responses on in our country the Paralympics athletics have organized in national team level

Item	No. of respondents	Response in %
A. Yes	8	80
B. No	2	20
Total	10	100

The above table shows that 80% sport experts respondents responded that the Paralympics athletics sport have organized in the national team, the rest 20% respondents responded that they have no organized Paralympics athletics sport in national team.

Sport experts response on if the answer is yes described the number of organized athletes and their events.

In Paralympics athletic national team eight athletes have organized in running events such as 800m and 1500m handicapped female and male athletes, whereas 100m, 200m and 400m with T46 classification female athletes have organized.

Table 22: Sport experts response on in our country Ethiopia the five years transformation and developmental plan the youth disable athletics sport training project have organized.

Item	No. of respondents	Response in %
A. Organized	10	100
B. In organized	-	-
Total	10	100

The above table shows that 100% of sport experts respondents responded that have organized youth project sports.

Q. 7.1: Sport expert’s responses on it the answer is organized which age category, event, type and place.

- U-13 Paralympics athletic youth project with T46 in national level
- U-15 Paralympics athletic youth project with T46 in national level
- U-17 Paralympics athletic youth project with T46 in national level

Table 23: Sport experts responses on in disable athletics sport the training and computational sport equipment

Item	No. of respondents	Response in %
A. Very high	1	10
B. High	1	10
C. Medium	1	10
D. Low	7	70
Total	10	100

The above table shows that 10% of the expertise respond that the sport equipments in Paralympics athletics are very high, and about 10% of the expertise also responded that high, whereas 10% of respondents response that medium. The rest and major respondents that low Paralympics athletics sport equipments.

Table 24: Sport expert’s responses on fro school disable students to participate and to benefit how to give and focusing the strategies of Ethiopian Paralympics committee with integral federal sport commission.

Item	No. of respondents	Response in %
A. Organized	5	50
B. In organized	5	50
Total	10	100

The above table shows that 50% of sport expert's respondents responded that have organized disable students to participate. And also 50% of respondents responded that have no organized disable students to participation schools.

Table 25: Sport expert's responses disable athletes have and equal level participation in athletics port place where they learn work and live.

Item	No. of respondents	Response in %
A. Yes	8	80
B. No	2	20
Total	10	100

The above table shows that 80% sport experts respondents responded that equal participation in athletics sport. The rest 20% respondents responded that they have no equal participation of disable athletics' sport athletes.

Q.10.1: Sport experts response on if your answer is yes how

They install of youth Paralympics athletics training projects in schools and out of schools they recognized if with the integral of federal sport commission, ministry of education Paralympics committee, Olympic committee, regional sport and education below have made an agreement in corporation with the five years transformation and developmental plans, And also in corporation with the Ethiopian sport policy.

Table 26: Sport experts responses on what looks disable female athletics participation in Ethiopia

Item	No. of respondents	Response in %
A. Very high	1	10
B. High	4	40
C. Medium	4	40
D. Low	1	10
Total	10	100

The above table shows tables 10% of the expertise respond that disable female athletes have participate very high, and about 40% of the expertise also respond that high, whereas 40% of respondents response that medium participation, the rest 10% of the respondents responded that low of female disable athletes participation in Ethiopia.

Table 27: Sport experts responses on in order to in large and develop disable athletic sport what it looks their financial capacity and income generating system

Item	No. of respondents	Response in %
A. Very high	1	10
B. High	1	10
C. Medium	2	20
D. Low	6	60
Total	10	100

The above table shows that 10% of the expertise respond that income generating system is very high, and about 10% of the expertise also respond that high whereas 20% of respondents response that medium income generating system, the rest and the most 60% of the respondents responded that low financial capacity and income generating system for Paralympics athletics sport activities.

Table 28: Sport experts responses on what it looks Ethiopian Paralympics committee cooperation with are holders and other sport organizations

Item	No. of respondents	Response in %
A. Very high	1	10
B. High	1	10
C. Medium	6	60
D. Low	2	20
Total	10	100

The above table shows that 10% of the expertise cooperation with stakeholders very high, and about 10% of the expertise also responded that medium whereas 60% of respondents respond that low of cooperation with stakeholders and other sport organizations.

Table 29: Sport experts responses on social awareness toward the disable athletics

Item	No. of respondents	Response in %
A. Very high	1	10
B. High	1	10
C. Medium	1	10
D. Low	7	70
Total	10	100

The above table shows that 10% of the expertise social awareness towards the disable athletics very high, and about 10% of the expertise also responds that high, whereas 10% of respondents respond that medium, the rest and the majority 70% of the respondents responded that low social awareness towards the disable athletics sport.

Table 30: Sport experts responses on how do you see the role of Ethiopian Paralympics committee, Ethiopian athletics federation and federal sport commission

Item	No. of respondents	Response in %
A. Very high	2	20
B. High	1	10
C. Medium	6	60
D. Low	1	10
Total	10	100

The above table shows that 20% of the expertise is very high, and about 10% of the expertise also respond that high, whereas 60% of the respondents respond that medium role of those organizations. The rest 10% of the respondents responded that low role of activities.

Table 31: Sport expertise response on describe the key problems of Ethiopian Paralympics athletics sport participation in national, continual and international level

- Lack of media coverage towards disable sport
- Lack of commitment of collaboration and sport stakeholders
- Lack of understanding and awareness of how to participate in international level
- Lack of leading different disable sport manuals
- Lack of early experience
- Limiting accessible transportation
- Lack of accessible facilities, such as gymnasiums and buildings
- Limited access to information and resources
- Limiting psychological and sociological factors
- Limited opportunities and programs for participation training and competition
- Lack of installation youth disable athletics projects based on their classifications/types
- In organized disable athletics athlete in sport clubs
- In organized disable athletics athlete in sport centers
- In organized disable athletics athlete in academy
- In organized disable athletics athlete in national team
- Lack of qualified coaches (manpower)
- Lack of designing disable sports in curriculums
- Lack of awareness towards disable athletics sports

- Lack of financial capacity and income generating systems/fund raising systems in sport
- Lack of promoting investors towards sport investment
- In proper monitoring and supervision of the sport organizations
- Lack of integrating federal sport commission, Ethiopian Paralympics committee and Ethiopian athletics federation
- In proper coaching and supervision of Paralympics athletics sport training
- Inadequate nutrition during training and competition
- Decreasing the disable athletic sport competition
- In relation with international Paralympics committee.
- No planning and budgeting, • Accessibility to Basic Services;
- No Physical Environment and Information;
- Shortage of Capacity building;
- Conflict and Humanitarian emergencies;
- Livelihoods and Employment;
- Lack of Research and Documentation;
- lack of Monitoring and Evaluation

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATION

This chapter discusses about the summary, conclusion of the findings and possible recommendation based on the findings the result.

5.1 SUMMARY

The research findings about the Ethiopian Paralympics athletic sport in this study respondents were participate to fill the questionnaires.

- However, the majority of the respondents, about 62.5%, have replies for they believe that Ethiopian Paralympics athletics sport have enough appropriate competition and training sport facilities for trainers and competitors and others at equal percentage that is 12.5% replied that as follows respectively satisfactory, better than nothing and not appropriates, it has been found believe that fulfillments of the requirement that there is an immediate need to take measure. This would help the Paralympics athletics to attain their objectives effectively.
- About 100% of the respondents replied that in Ethiopia there are no organized disable athletes in clubs level. This indicates that the federal sport commission and also Ethiopian athletics federation are not give emphasis about the disable athletes in club levels. But in national team level there is an organized as mentions in table 3.
- According to table 5 the majority of respondents are believed that the skill and quality of each is satisfactory as we know the skill and quality coach is the most important for athletes but in this find the skill and quality of coach is satisfactory.
- The meal support for disable athletes are appropriate in on the other hands inappropriate. Depend on the respondents 50% were said that the appropriate of meal to disable athletes on the other respondents of 50%

are inappropriate of meal to disable athletes. They mentioned the shortage of good like proteins, vitamins and carbohydrates.

- About 62.5% of the respondents replied that the awareness of the society about disable athletes is low. And also 75% of the respondents replied that the Ethiopian Paralympics committee, Ethiopian athletics federation and the Ethiopian Olympic committee role are low.
- The Ethiopian Paralympics committees are low participate in national, continental and international level as a result of lack of technology facilities, lack of commitments, shortage of economy, weakness of executive board members and lack of man power.
- The majority of respondents about 75% clarified that athletes respond on how many types/class in disable athletics sport participation in Paralympics games are unsatisfactory.
- About 60% of the expert respondents replied that the disable athletes have low financial capacity and income generating system.
- The expert respondents mentioned major problems of Ethiopian Paralympics athletics sport participation in national, continental and international level as follows lack of media coverage, lack of commitment, lack of early experience, lack of transportation accessible, limited access to information and resources lack of installation youth disable athletics projects etc

5.2 CONCLUSION

- Based on the data presented and analyzed in data presentation, analysis and interpretation from the responses of express and athletes through questionnaire and interview conducted with different coaches' bodies, the following conclusions and generated.
- The survey results have shown as more than the average proportions of the athlete are presently in the de motivated category. Because the research finding indicates that the majority of the respondents regarding their intention to work are existed at low level. Thus, this can be at a tested by different evidences lack of nutrient supply, lack of coach commitment, lack of facilities, lack of transport access etc.
- The organization of disable athletes are not organized in the club level so in this way the disable athletes are not participate in local and continual compassion.
- The data presented and analyzed in chapter four shows that there are gaps in the Paralympics athletes. Hence, these gaps can be expressed as lack of promoting, lack of financial capacity, and income, lack of qualified coaches, unorganized disable club and sport center, lack of information access, lack of transport access and limiting psychological and sociological factors etc.
- Generally, even though, it is difficult to totally avoid the above major factors in the target disabled athletes, because of the under develop of political, social, economic and environment in the country, it is possible to achieve a reasonably satisfactory level by taking necessary steps to improve performance and training stratification of the disable/Paralympics athletes.

5.3 RECOMMENDATION

1. Supporting disable athletes is the most important and universally accepted management function in any county /sport federation. Utilize the full potential of their athletes in ensuring quality change in sports area.
2. The finding of the study indicates that in the study area coaches should attempt to support their athletes and improve the facilities information. Financial and transportation. In the study areas there are many problems in the Paralympics sport: so to avoid the problems the government Ethiopian sport federation and other relevant bodies should apply the following recommendations:-
3. There should be setup disable athletes clubs at federal and local levels by creating awareness for the decision makers, and higher authorities and also create new project and fund raising system
4. The coaches must improve their skills and qualities from that areas. To improve their skill the relevance body should give training program, sharing experiences from outside the country and designs good monitory and evaluation systems for coaches.
5. The federation should support high calories food for them otherwise their performance will deteriorates / decreases because they loss much calories during training period to replace the losing calories they should got more than that losing calories
6. The federation should create society awareness about the disable athletes because they are the important for political .social and economical growth as well as one part of ours .so the federation create these awareness through mass media, etc.
7. The Ethiopian Paralympics committees should participate in local, continental and international to strength the clubs of the disable athletes through fundraising system.
8. The financial and income generation of disable athletes should be improves through create new and smart projects.

DECLARATION

I declare that this thesis is my original work, has not been presented for a degree in another university and that all Sources of materials used for the thesis have been duly acknowledged

Name: - -Natnael Worku

Signature: -----

Date: - -----

This has been submitted for examination with my approval, Addis Ababa university advisor:

Name: Tesfay Asgedom/Dr./

Sign: - -----

Date: - -----